

BOOK REVIEWS

The AIDS Conspiracy: Science Fights Back by Nicoli Nattrass. Columbia University Press, 2012. 225 pp. \$34.50 (hardcover); \$14.99 (Kindle).

The official position, the mainstream consensus, is that HIV causes AIDS and that anti-HIV drugs are beneficial. Both are denied by many people: Some of them are eminently qualified to critique the technicalities, others are persuaded by personal experience or that of friends of being “HIV-positive” but healthy, and others again have analyzed the cases presented pro and con by the believers and the disbelievers. To my knowledge, there exists no disinterested analysis of the opposing cases, and books and book reviews tend to be highly polarized. For the present book, fulsome praise has come from those who share Nattrass’s belief that HIV causes AIDS; the opposite comes from those who disagree with her. This reviewer disagrees with Nattrass (Bauer 2007a, 2009a), and the reader is thereby warned to be on the alert for bias in this review even as its author strives to focus on verifiable points.

The book’s title reflects accurately that the discussion concerns tactics, strategies, and psychological and sociological and political aspects of the to-and-fro between believers and disbelievers. Regarded as insightful, consequently, are such passages as

Notably, Paula Treichler locates AIDS conspiracy beliefs within what she terms a broader “epidemic of signification” or parallel cultural process in which people generate, reproduce, and perform meanings in an attempt “to understand—however imperfectly—the complex, puzzling and quite terrifying phenomenon of AIDS.” (p. 47)

Everything in this book is predicated on the belief that mainstream HIV/AIDS interpretations are unproblematically right, and everything said about disbelievers is predicated on their being completely wrong. To explain the innumerable demonstrable errors thereby introduced would require a volume at least as long as the book itself, so this review addresses only a few salient issues.

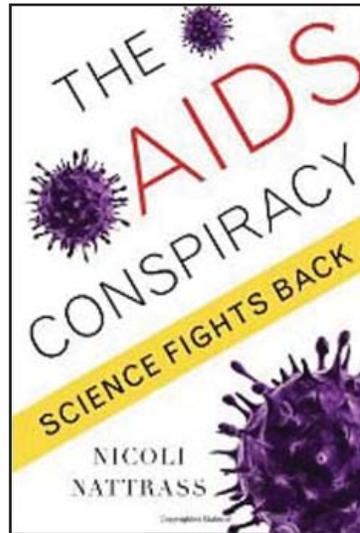
The book’s title is subtly misleading in alleging a conspiracy (by the disbelievers) and in asserting that “science”—monolithically?

consciously?—is contesting that conspiracy. But it is never established that there is a conspiracy. For example, there is no persisting suspicion on both sides of the Atlantic that “the pharmaceutical industry invented AIDS as a means of selling toxic drugs” (p. 1). Nor is there a common “conspiratorial move” “implying that scientists and clinicians have either been duped by, or are part of, a broader conspiracy to inflict harm.” We disbelievers differ among ourselves over many points of detail and have in common just the conviction that the mainstream consensus is wrong. In a few places (e.g., p. 79), Natrass mentions strong divisions among the “conspirators,” yet throughout the book she persistently equates disbelief with Peter Duesberg and “a closely knit group” (p. 8) beholden to him. The book alleges “an organized network of activists” with “linked websites, conferences, papers, books, documentaries and public relations exercises” (p. 108); in reality, there is nothing organized about the individual blogs and websites and discussion groups, most of which rarely even refer to one another, and Natrass’s own figure (6.1, p. 109) shows only some overlap among the groups to which a few individuals have belonged.

A frequent strategy (for example, see p. 3) is to acknowledge but play down mainstream failings (“although,” “admittedly,” and the like) and then to assert (“but,” “nevertheless,” and the like) that the disbelievers are wrong utterly, in wholesale fashion, by “[r]ejecting medical science”; but all we are doing is questioning one set of interpretations. Semantics serves a similar strategy: Believers are “pro-science advocates” “promoting evidence-based medicine” who have answered all the points raised by disbelievers—even as we disbelievers have not encountered answers to our assertions; for instance, that the epidemiology of HIV test results demonstrates that HIV and AIDS are not correlated and that HIV does not behave like an infectious agent (Bauer 2007a). The data we adduce as to the influence of physiological as well as psychological stress, and our citations from mainstream publications concerning the toxicity of AIDS drugs, are not argued against, they are just dismissed by using scare quotes: “stress,” “toxic” (p. 5). Disbelievers’ claims “have been countered many times by *the scientific community*” (p. 9; emphasis added), as though Duesberg, Mullis, and many other disbelieving scientists were not part of that community. Such sweeping overgeneralizations are frequent, for instance that it is impossible to engage in productive discussions with AIDS denialists (p. 85)—every single one of us, apparently.

So cocksure is this book that it criticizes as “inappropriate” (p. 7) the initiative by South African President Mbeki to stage a debate between believers and disbelievers. What better way for a policymaker to attempt to navigate on a controversial issue? According to Natrass, any contemporary

scientific mainstream consensus should just be taken as revealed truth—which would mean failing to learn from the long history of modern science that progress often or usually entails the replacement or modification of such a consensus (Barber 1961, Bauer 2003, Kuhn 1962/1970, Stent 1972, Hook 2002). Natrass and her ilk keep denying that there is legitimate debate over HIV/AIDS, even as eminent scientists disagree with her; for example, Nobelist Kary Mullis whose invention is deployed in all studies of HIV “viral load”; or Luc Montagnier, Nobel Prize recipient for discovering HIV, who insists contrary to the mainstream consensus that initially healthy immune systems can stave off HIV and who agrees with the disbelievers that HIV was never isolated as part of its claimed discovery and the invention of “HIV” tests.



Some points of fact are reported misleadingly by omitting parts of the story:

- It is true that the coroner initially reported that Christine Maggiore died of AIDS (p. 5). However, it should have been added but was not, that he was sued and the city paid a settlement to avoid court proceedings.
- Similarly, Chapter 7 recounts the rejection of a Duesberg article by several “peer” reviewers, but neglects to add that the article was eventually published in a well-established, peer-reviewed journal independent of both pro- and con- HIV/AIDS concerns (Duesberg et al. 2011).
- It is also factually wrong that Gallo was cleared of misconduct (p. 112); the Director of the National Institutes of Health just refused to prosecute the case recommended by her own investigating committee (Crewdson 2002).
- It is further factually wrong that HIV tests are flawed because antigen, antibody, and viral load tests can yield different results (p. 119): The tests are flawed because they have never been shown to detect active infection, nor have they been approved for that purpose (Weiss & Cowan 2004).

- Christine Maggiore is said to have increased the risk of infecting her daughter by breastfeeding her (p. 121), yet copious mainstream data show that exclusive breastfeeding *decreases* the chance that the child becomes “HIV-positive” (Bauer 2007b).
- Farber’s 2006 article in *Harper’s* did *not* catapult Duesberg into the limelight (p. 127), it enraged believers by describing the death of a pregnant woman used as guinea pig for antiretroviral drugs; and whistleblower Jonathan Fishbein receives more coverage than Duesberg.
- Natrass’s treatment of clinical trials with orphans as subjects is so tendentious as to be wrong (p. 128 ff.); for the authentic story, see <http://www.guineapigkids.com>

Chapter 2 is misleading by focusing on conspiracy theories that are not held by the overwhelming proportion of serious disbelievers, among them Duesberg and his “closely knit grip” known as Rethinking AIDS as well as the determinedly separate Perth Group. They do not agree with the 30% of black Americans as well as a host of Africans who accept or lend potential credence to the conspiracy theory that HIV was deliberately created as a weapon against black people (p. 12). Nor do Duesberg et al. agree with the far-out notions of William Cooper (p. 23 ff.) or those of Leonard Horowitz or Louis Farrakhan (p. 25 ff.) or of Edward Hooper (p. 29 ff.) or of Boyd Graves (p. 34 ff.). Natrass focuses on a handful of extremists who are quite unrepresentative of disbelievers (Bauer 2009b).

Chapter 3 is really just about South Africa, where Natrass resides. She evinces particular animus against former President Mbeki. Readers unfamiliar with HIV/AIDS matters may be puzzled to read that “the symptoms of AIDS . . . [are] diarrhea, tuberculosis, and wasting” (p. 49): Those are the symptoms of *African* AIDS, whereas the original symptoms in the USA and Europe were two fungal infections (thrush or yeast and fungal pneumonia) and Kaposi’s sarcoma (purple blotches on skin and other tissues). Disbelievers point out that African AIDS is a quite different phenomenon from the AIDS described in the early 1980s when it first appeared.

Chapter 4 is a paean to David Gilbert, a prisoner in the USA who “cofounded a peer AIDS education initiative” (p. 63). The book also bears the dedication, “For David Gilbert.” This is one illustration of Natrass’s praise of anyone who agrees with her views, no matter their lack of pertinent scientific credentials, at the same time as she strives to undercut disbelievers including universally acclaimed retrovirologist Peter Duesberg or Nobelist Kary Mullis because they have not done specifically HIV or

AIDS research (e.g., p. 111). Other totally unqualified people praised for helping “HIV science fight back” (p. 132) are the anonymous Snout and the irresponsible J. T. de Shong (Baker 2010). Natrass herself is an economist, who simply accepts mainstream HIV/AIDS theory as true. Why she does this is not clear, given that she recognizes, for example, that “gaps in our understanding remain, particularly with regard to precisely how the immune system is destroyed” (p. 79)—which happens to be the central, crucial issue in HIV/AIDS theory. As basis for non-scientists like herself to “exercise some reasonable judgment,” she cites “two undeniable and easily grasped facts” (p. 79) that are neither undeniable nor easily grasped—efficacy of antiretrovirals consistent with basic HIV science which, she admits, doesn’t understand how HIV kills the immune system! Yet she criticizes Mbeki and AIDS denialism in general for “extreme skepticism toward the science of HIV pathogenesis and treatment” (p. 105). Surely the most extreme skepticism is warranted when that “science” is ignorant about “precisely how the immune system is destroyed” (p. 79).

Chapter 5 continues with the critique of President Mbeki for “questioning HIV science and his conspiratorial move against antiretrovirals.” But Mbeki had invited representatives of the mainstream view as well as disbelievers to a panel to advise him. That is hardly a “reject[ion of] scientific expertise” (p. 77). Natrass admits that the first antiretroviral, AZT, “was plagued by serious side effects” (p. 81). That disbelievers challenge the efficacy of the later drug cocktails, HAART, is said to be the reason for describing as “AIDS denialists” Mbeki and other dissenters from the mainstream view (p. 82). But surely “AIDS denialist” means someone who denies that AIDS exists, not someone who questions the efficacy of drugs or that HIV causes AIDS. The claim by Natrass and Nathan Geffen—another non-scientist activist—that providing HAART was economically feasible displays considerable political naiveté given that “some increase in tax revenue was probably needed” (p. 96). Chapter 5 concludes that Mbeki probably questioned HIV/AIDS because the issues “resonated with him intellectually” (p. 102). In other words he found the mainstream evidence and interpretations less than convincing. Hardly a reason to criticize him: Why were the mainstream proponents on the panel he organized unable to convince him?

According to Natrass, “Buying into the world of AIDS denialism is seemingly empowering and exciting” (p. 109). No. It is intensely frustrating, for one thing because the mainstream simply ignores the evidence we point to, and for another thing because there is no overall organization and various individuals and groups are at loggerheads with one another over scientific points and over strategy and tactics for combating the mainstream. To flesh out her scenario, in Chapter 6 Natrass invents stereotypes:

- the hero scientist (think Galileo);
- the cultpreneur who promotes alternative treatments—and Natrass has fewer than five genuine examples, so this is entirely uncharacteristic of HIV/AIDS disbelievers;
- living icons: the “HIV-positive” individuals who are healthy without antiretroviral drugs;
- praise-singers: “a sizeable group of sympathetic journalists” (p. 127). Nonsense. The media coverage is extraordinarily rare, that treats disbelievers as other than misguided cranks.

Chapter 7 is about the censorship of the journal *Medical Hypotheses* by Elsevier. It is utterly misleading about peer review and boundary work (Bauer 2011) as well as about the censorship story. In particular, Elsevier did not act “quickly” by commissioning an “expert panel”: Rather, Vice-President Glen Campbell withdrew the articles at issue within days of receiving protests from “HIV scientists,” and Elsevier then spent many months looking for ways to justify that precipitate action, taken without consulting the articles’ authors or the Journal’s editor or editorial board (Bauer 2012). Chapter 8, in the context of “the struggle for evidence-based medicine,” asserts a similarity between Duesberg’s situation and that of Andrew Wakefield, a similarity that simply doesn’t exist. Natrass’s lack of sophistication is illustrated when she sees something sinister in the term “wellness” which is allegedly supplanting “health” and she says “alternative and complementary” is what used to be called pseudo-science, chicanery, quackery (p. 155); why then did the National Institutes of Health establish a National Center for Complementary and Alternative Medicine (<http://www.nccam.nih.gov>)?

This book is hardly a credit to Columbia University Press, given the substantive demerits set out here. There are also unseemly *ad hominem* remarks (e.g., p. 113 about Nobelist Mullis). In addition, there are rather too many typos and strange expressions such as “foistered” and “heroizing.”

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