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Aids: Anomalies and Contradictions

African scientists and policymakers should familiarise themselves with the body of literature that demonstrates the contradictions, anomalies and inconsistencies in the conventional view of Aids, writes Prof. Charles Geshekter in this review of two new and controversial books on "African Aids".

Africa has suffered from numerous real wars over the past 30 years, but a prism called "the war on Aids" continues to distort its public health landscape. It is time for a critical look at Aids in Africa. Although these books embrace the reigning orthodoxy, they are instructive in other ways. To explain African Aids, the traditional narrative alleges that a monkey virus, long submerged in the central African rainforest, somehow leapt to humans via bush meat hunters when one of them accidentally cut himself with a knife, enabling the butchered chimp's tainted blood to mix with his, sometime between the 1890s and 1930s.

The "infected" hunter had sex with unsuspecting women who, in turn, had sex with unwary men. Moving slowly, the interspecies jumping virus made its way into Leopoldville (now Kinshasa in DRCongo) where African prostitutes passed it to bisexual Europeans and Haitians working in the newly independent Congo. Eventually these bisexual men transmitted it to promiscuous gay men and injection drug users in America and Europe during the 1970s, and the Aids pandemic ensued.

However, the first cases of what was called "Aids" were identified in the United States among a small cohort of highly promiscuous, extremely unhealthy, and heavily drug-using urban gay men. They suffered from pneumonia, sexually transmitted infections, respiratory ailments, and a variety of skin rashes. A viral cause was soon hypothesised (but rarely doubted) and within a few years, Africa was deemed the source of the new infectious agent.

This standard storyline claims one type of HIV was heterosexually transmitted in Africa, while in the West another type remained largely and mysteriously confined to injection drug users and homosexuals. The wily mutating virus appeared able to distinguish the race, gender, sexual orientation, continent and even postal codes of its carriers! Both books ignore the serious errors, scientific inconsistencies, historical distortions, and appalling racism in this narrative. According to the current orthodoxy, a case of African Aids is defined by a *set of clinical symptoms* that were established at a WHO Conference in Bangui, Central African Republic, in October 1985. But these key symptoms – fever, diarrhoea, weight loss, and persistent cough – are manifestations of malnutrition, unsanitary drinking water, untreated illnesses, and parasitic infections, not the result of any unusual sexuality.

Mortality and morbidity patterns amassed over the past 30 years show that Africans remained afflicted by the same preventable diseases and common conditions as they were before 1985: nutritional deficiencies, protein anaemia, communicable diseases (such as TB), acute respiratory infections, diarrhoeal disease,

injuries and mental disorders. Nonetheless, the conventional clichés insist we fight African Aids with "ABCD" – abstinence, be faithful, use condoms, take antiviral drugs. These imperatives form the basis for any career involving African Aids.

A revisionist history of African Aids must be rooted in a reconstruction of the political economies of poverty whose attendant public health effects and clinical symptoms were already on the rise in the early 1980s. Long-standing ailments, the byproducts of poverty, were instead blamed on a sexually transmitted virus.

With missionary-like zeal, condom manufacturers and Aids activists said those familiar symptoms were the result of exotic, non-existent "African sexual cultures". In the late 1990s, Rev. Eugene Rivers of Boston launched a crusade to change those sexual practices, an effort reminiscent of Victorian voyeurs who routinely equated black people with sexual licentiousness.

The first book

In their book *Tinderbox*, Craig Timberg and Daniel Halperin – *Washington Post* reporter and university anthropologist – explore the origins of Aids. They trace HIV back to the "forbidding equatorial forests of Cameroon", where chimpanzees carried the simian virus (SIV) for millennia causing no outbreak in humans until the alleged "cut hunter" incident enabled SIV allegedly to cross over to humans.

Tinderbox tries to show that Western colonialism triggered African Aids because after the imperialist partition, colonial companies "blazed new routes through the jungle in search of rubber" and other riches, sending African porters into remote regions, building roads and railroads leading to much travelling that brought more Africans into sexual encounters where they contracted HIV.

That is how European colonial regimes laid the groundwork for HIV and Aids, i.e. created a combustible "tinderbox".
Routinely combining the acronyms "HIV" and "Aids" or using them interchangeably, Timberg and Halperin have composed a story, not written a critical history. I asked Timberg at a public talk in Washington, D.C. if he could carefully explain the differences among HIV, HIV disease, HIV/Aids, and Aids. He could not. Nor could he grasp that a host of widespread tropical infections and parasitic afflictions had been relabelled and fused together to form "African Aids".

In response to an email, Halperin was unable to provide actual cause of death data from Aids for Zimbabwe, the focus of his research, or for any African country between 1980 and 2010, aside from South Africa which has the most reliable vital registry system on the continent.
Tinderbox asserts that Europeans turned a localised outbreak into a sprawling epidemic because when Christian missionaries campaigned to suppress polygamy, they left in its place "fractured sexual cultures that proved uncommonly vulnerable to HIV". Reductions in male circumcision allegedly rendered men more susceptible to HIV, yet studies demonstrate that the procedure offers statistically insignificant protection against HIV infection.

For a book that stretches from Leopold-ville to San Francisco and on to Cape Town, it begins like a fairy tale: "There once was a place deep in the forest where few people dared go." Timberg and Halperin condemn Western policies during the colonial era and criticise the way billions of dollars are spent on Aids today.

They insist that sexual behaviour is what is behind African "Aids" symptoms. Are they unaware that cheap, easily available nutritional and vitamin supplement interventions have proven extremely effective in ameliorating those very symptoms and restoring people's health?
Instead, they vow we can stop this epidemic by pouring in annually $30-50bn to defeat it with behaviour modification programmes and providing a new range of powerful drugs.

The second book

The second book is by Nicoli Nattrass, an economist at the University of Cape Town who seethes when anyone challenges the core Aids beliefs. Omitting the 1980s socio-economic context in Africa when the single virus theory of Aids was first proposed and rendered impervious to second thoughts, Nattrass garbles the medical history of her own country yet insists we trust "HIV science".

Her book, *The AIDS Conspiracy: Science Fights Back*, provides a fascinating inside look at the lengths to which Aids mainstreamers go when confronted by critics. Nattrass disdains the professional physicians, biologists, chemists, epidemiologists, journalists, and social scientists (including this writer) who pepper the Aids industry with thorny questions. She bitterly dismisses them as a conspiratorial cabal.

African Aids is surrounded by groupthink bodyguards who exercise a censorship no one will admit exists. Nattrass wants her critics silenced in the name of public health. Like a religious fundamentalist, she supports the suppression of views that challenge the official Aids doctrine, calling it "boundary work in defence of science", a euphemism to shield her own lockstep conformity from objective scrutiny.

She attacks former South African President Thabo Mbeki because he "did not value the way that scientific communities exist as networks of cooperation, trust and authority" and denounces his consultations with specialists and experts, including some who question HIV/Aids beliefs.
Nattrass concedes that "poverty has been associated with increased vulnerability to HIV" and advocates funding "more research on poverty as a potentially neglected cause of the Aids epidemic", exactly what Mbeki had urged; but she never distinguishes HIV test results from the socio-economic conditions that produce the clinical symptoms of African Aids.

Slaying Mbeki

Determined to indict Mbeki, Nattrass wondered, "how many HIV infections and premature deaths could have been prevented" if Mbeki had allowed the distribution of several questionable drugs? In a 2008 article, she conjured up figures drawn from a spurious demographic regression model powered by an "alternative hypothetical scenario" to produce a contrived number of 330,000 deaths and 180,000 avoidable HIV infections.

With remarkable statistical sophistry, Nattrass ignored the lingering after-effects of apartheid on African public health. Throughout the apartheid era (1948-1994), rural African vital registries were often kept separate from official government lists – excluded because they were classified as "citizens" of the squalid Bantustans. When the data on infectious disease disparities for millions of Africans were re-integrated into a newly unified vital registry after 1994, skewed statistical spikes appeared that Nattrass misinterprets as "Aids".

An article in 2010 by Max Essex and Pride Chigwedere repeated Nattrass's groundless claim that 330,000 South Africans died prematurely between 2000 and 2005 and 180,000 were infected with HIV due to Mbeki's caution in dispensing drugs.

Their article was also based on questionable mathematical modelling – not epidemiology – and quoted hyperbolic Aids activists who compared Aids critics like Mbeki to Nazi collaborators and urged that criminal charges be filed against them. In late 2010, however, an essay meticulously refuting all these charges, co-authored by nine scientists and physicians, appeared online, accepted for publication in the journal Medical Hypotheses.
During the past 30 years, over 400,000 articles, conference papers and books had been written about HIV and Aids, nearly all adhering to the same infectious viral theory, with over $400bn spent on the subject.
In Chapters 7 and 8, Nattrass reveals the astonishing fragility of this vast enterprise as she recounts how the appearance of that one article led the Aids industry to organise a vigorous campaign to halt its publication.
The scientific dissidents' article dismantled the viral theory of Aids and cogently exonerated Mbeki.
Nattrass and her allies mobilised a massive counter-attack.

Describing the relentless campaign against Medical Hypotheses and its editor Bruce Charlton, Nattrass shows us the frantic side of the Aids establishment and how its brand of science "fights back". Nattrass details how she and her collaborators worked feverishly (conspiratorially?) to get the publisher to withdraw the paper. The editor was removed and his replacement promised to avoid controversial views.
Alas for Nattrass, 'twas all for naught. In early 2012, the Italian Journal of Anatomy and Embryology published a revised version of the article, dissecting the Aids orthodoxy.

Sneering at doubters

Obsessed with African sexual behaviour, Nattrass disregards how common disease prevalence among Africans reflects savage racial inequalities, even in post-apartheid South Africa. She thinks antiviral drugs restore immune functions and "extend life in poverty-stricken urban and rural settings".
She dismisses doubters with a sneer: "To continue to assert that HIV science lacks credible evidence is simply perverse and beyond any acceptable standard of reasonable dissent." Really? Let's have Nattrass explain why every HIV test packet contains a form of the critical disclaimer that the test has not been approved for diagnosis of infection.
Nattrass, Timberg and Halperin, and other exponents of the orthodox view, take for granted that promiscuous sexuality is the key to Aids in Africa. Rather than spend billions of dollars on behaviour modification schemes or in pursuit of an illusory Aids vaccine, multilateral aid to Africa should subsidise inexpensive but effective medicines to treat the common illnesses that result from impoverished living conditions.

For example, for about $20, one can acquire a six-month supply of rifampicin, isoniazid, pyrazinamide and ethambutol, followed by a 4-month continuation phase of rifampicin and isoniazid that will cure an African of tuberculosis. The regimen is a simple, proven, effective remedy for one of the real scourges of Africa.

Similarly inexpensive are antibiotics to treat syphilis or gonorrhoea, rehydration tablets for diarrhoea, and micronutrients and vitamin supplements for pregnant women and breastfeeding mothers.

'We need food'

African scientists and policy-makers should familiarise themselves with the literature that demonstrates the contradictions, anomalies and inconsistencies in the conventional view that the symptoms of Aids are caused by a single viral infection.

Western researchers, funding agencies, drug manufacturers, and the authors of these books imagine they will rescue a continent ravaged by Aids. This orthodoxy has medicalised poverty, infantilised African behaviour, and perversely sexualised everyday African life. It is time to stop.
Historical knowledge provides an important basis for challenging external constructions about African reproductive health and can help correct errors derived from mistaken assumptions over the past 30 years. Even the former executive director of the UNAids Programme, Peter Piot, seemed to understand this:
"I was in Malawi [in 2003] and met with a group of women living with HIV. As I always do when I meet people with Aids I asked them what their highest priority was. Their answer was clear and unanimous: food. Not care, not drugs for treatment, not relief from stigma, but food."
I would simply add that the cure for Aids is as near at hand as an alternative, more rational explanation for what's making Africans sick in the first place.