Review

Nicoli Nattrass (2012) *The AIDS Conspiracy: science fights back*. Johannesburg: Wits University Press

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South Africa has one of the world's highest HIV prevalence rates (UNAIDS 2012:A4–7). Former President Thabo Mbeki's adoption of AIDS dissidence, which critics have referred to as his 'denialism', marred his legacy, and it is also a topic which has received a great deal of scholarly attention – which is understandable, given its humanitarian consequences. A study by Pride Chigwedere and his colleagues has estimated that 333,000 AIDS deaths and 180,000 HIV infections could have been averted had antiretroviral drugs (ARVs) been rolled out between 2000 and 2005 (Chigwedere 2008).

Today the country is passing through an era of massive reductions in adult and infant mortality through the widespread provision of ARVs at state health facilities. Yet a small number of scientists, journalists, entrepreneurs and a significant minority of the general public still continue to adhere to unverifiable AIDS conspiracy theories, of which denialism – assertions of the harmfulness of HIV and questioning of the efficacy of ARVs – is but one type. AIDS conspiracy theories consist of notions of plots between multinational corporations, governments, scientists and physicians to either misrepresent the origins of HIV, the links between HIV and AIDS, the medical meaning of HIV tests, the 'toxicity' of antiretrovirals, or 'overstate' the number of AIDS deaths. These ideas are not merely disseminated on the internet, they have on occasion been published in non-peer-reviewed scholarly journals and most harmfully were taken up by the Mbeki administration. Such AIDS conspiracy theories have critical public health implications as they can encourage people to reject HIV prevention messaging and to refuse ARVs if they are living with the disease.

Nattrass' detailed and informative discussion of AIDS conspiracy beliefs situates Mbeki's view on AIDS transnationally and adds to our understanding of the popular dissemination of such ideas on the Internet and their uptake among young people in Cape Town (discussed in Chapter Three). While there have been multiple historical and ethnographic studies of AIDS denialism, this book adds an important quantitative and transnational dimension to the literature.

The public health consequences of AIDS denialism have been clearly demonstrated underscoring the relevance of studies of the prevalence of such beliefs and why individuals take them up, especially in a country like South Africa with its high HIV prevalence rate. Chapter Three draws on data from a survey of 2,901 young adults in Cape Town, 45 per cent of whom were African. While 16 per cent of Africans who completed the survey scored an average of 'agree' on the 'AIDS conspiracy belief index', this was true of only 1 per cent of the rest of the sample (44). As the book's author states, this is 'unsurprising given the history of racially discriminatory medical abuse and bio-warfare in South Africa' (44).

Far more puzzling are the gender differences in the prevalence of these views: whereas 23 per cent of African men surveyed said they agreed with the statement 'AIDS was created by scientists in America', only 10 per cent of African women concurred. Nattrass draws on Isak Niehaus and Gunvor Jonsson's ethnographic research which found a similar gender disparity in belief in AIDS conspiracy beliefs. This led them to hypothesise that men's greater receptiveness to AIDS conspiracy theories may relate to the fact that while women tend to have state-provided child-support grants and, therefore, tend to be more focused on the domestic context, men who make up a greater proportion of labour market participants, are more vulnerable to the adverse influences of global political and economic forces which they cannot influence. It would be interesting for this gender disparity in adherence to AIDS conspiracy theories to be addressed in future social research on the phenomenon.

In her book, Nattrass offers a threefold schema for understanding the key social actors in promoting AIDS conspiracy theories, dividing them into 'hero scientists', 'living icons', 'cultropreneurs', and 'praise singers' (5). The book is especially interesting on the social and psychological reasons for the adoption of dissidence, parts which are mostly drawn from secondary texts and debates on the internet.

Peter Duesberg is the main dissident 'hero scientist' referred to in

Chapter Seven, which describes a controversy around his reply to Chigwedere et al's article in *Journal of Acquired Immune Deficiency Syndrome* in a non-peer-reviewed journal called *Medical Hypotheses*. Duesberg has a creditable record in relation to his cancer research, which lends an air of scientific legitimacy to his AIDS denialism. His self-representation as a 'latter-day Galileo persecuted by a venal "AIDS establishment"' is generative of social solidarity between AIDS denialists because it offers his supporters the identity of being part of a select few who can see '"the truth"' (5).

Chapter Six deals with all four categories of denialists Nattrass describes. In discussing 'living icons' in this chapter, Nattrass focuses on the now late Christine Maggiore, HIV-positive mother who, in line with her denialist beliefs, declined ARVs for prevention of mother-to-child transmission and for her own chronic use and instead took alternative remedies. Maggiore encouraged some people living with HIV to ignore positive test results and to decline ARVs, a process some have referred to as 'indoctrination' (126). 'Cultropreneurs' is a neologism coined by Nattrass to refer to entrepreneurs who simultaneously promote conspiracy theories around AIDS to market and sell alternative remedies. Matthias Rath is a familiar figure in this respect and his efforts to peddle his wares are referred to alongside less well-known figures such as Leonard Horowitz, Boyd Graves and Gary Null. The term 'praise singers' is used to refer to journalists and film-makers who promote AIDS denialism. Denialists' support base is, however, shifting and many erstwhile followers' views have been changed through websites such as AIDSTruth.org, a site to which Nattrass contributes.

Nattrass draws out, in particular, interesting comparisons between Mbeki's AIDS denialism and former British Prime Minister Tony Blair's refusal to confirm or deny whether his son Leo had been given the mumps, measles and rubella (MMR) vaccine. This occurred in a context where the now struck-off doctor Andrew Wakefield claimed a link between the MMR vaccine and autism in a 1998 study published in the *Lancet*. This study was based upon 12 cases of children he had seen, nine of whom had autism and eight of whose parents linked the presence of the disorder in their children to having received the vaccine. It was later revealed that Wakefield had been paid to conduct the research by a law firm engaged in a tort suit against the vaccine's manufacturers and that some of his study participants were children of some of the litigants in this case. She frames Tony Blair's refusal to answer questions on whether he had declined to vaccinate his son, Leo in 2001 as an 'example of how leaders can undermine public health by

raising, or even appearing to raise, doubts about mainstream science' (153). This example is important in highlighting that sometimes politicians appear to delegitimise medical science and public health, even in countries other than South Africa, where race and the history of racism are less influential in shaping political debates.

It was pleasing to see Nattrass engage with ethnographic literature on AIDS dissidence in an African context. In particular she points to 'a rich South African literature suggesting that many black people believe that HIV may have spiritual causes, notably witchcraft attacks or loss of protection from ancestors for violating cultural taboos' (49). The statistical analysis she presents of her study of young Capetonians highlights strong positive associations between a belief in witchcraft and belief in AIDS conspiracy theories among black South Africans (53).

One possibly fruitful approach to address this problematic association would be to provide training and structured interactions between health professionals and traditional healers with a view to including the latter more in ARV treatment literacy programmes and primary health care provision to reduce the links between witchcraft and ancestor-based explanations of ill health and adherence to AIDS conspiracy beliefs. This is a possibility which Natrass does not explore, instead denouncing the 'cultural tolerance of alternative medicine' (157). In a similar vein, she expresses her disagreement with cultural relativism as evident in the writings of Didier Fassin, whose work she critiques, particularly, his representation of Mbeki's adherence to AIDS conspiracy theories as an instance of 'counter-narratives or rival ways of knowing' (56). She quotes Steinberg accusing Fassin of espousing an '"anthropology of low expectations"' (57).

Paul Farmer has pointed to the fact that cultural relativism can result in anthropologists condoning social injustice – such as the denial of ARVs to South Africans in the early 2000s – simply because it is presented as justified in terms of local cultural beliefs (Farmer 2005). As he has argued, such an anthropology can merely end up buttressing and sustaining global inequalities between the wealthy and poor in a society, or, in a global sense where developing countries are disadvantaged in terms of access to medicines, because of the ways in which drug pricing is shaped by international trade agreements.

But, as the World Health Organisation (WHO) has recognised, therapeutic diversity can be managed in such a way that it does not harm patients or hinder their access to biomedicine, when it is required. This recognition

partly relates to the prevalence of the practices: it is estimated that 80 per cent of people in many Asian and African countries consult with traditional healers (WHO 2008). In South Africa, up to 80 per cent of Africans meet with traditional healers (Thornton 2009: 20). The WHO supports the inclusion of such traditional complementary and alternative medicine (CAM) into national health systems on the proviso that there are policies for the regulation of products, practices and providers to guarantee patient safety and medicinal quality (WHO 2008). Such regulation could be used to discipline traditional healers who discourage their patients from taking ARVs, when prescribed by a physician.

This is an approach the South African government has followed with the passage of the Traditional Health Practitioners' Act of 2007, which creates the Traditional Health Practitioners' Council (THPC) in addition to the Allied Health Professions Council, which already regulates practitioners of CAM. But there are serious – and unanswered – questions around whether many of the hundreds of thousands of traditional healers in South Africa will want to register with the newly created interim council, especially as few traditional healers belong to bureaucratically organised voluntary associations (Thornton 2009). Margaret Chan, the Director-General of the WHO has pointed to potential synergies between CAM and biomedicine in primary health care provision with reference to China, where 'herbal therapy of proven utility in many disorders is provided in state hospitals throughout the country, alongside conventional medicine' (2008). Nattrass' work adds important quantitative and transnational dimensions to the existing literature on AIDS denialism in South Africa, even if the ways in which it may be shaped by the regulation of traditional healers have yet to be more fully explored.

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