

# Chapter 9

## The Politics and Psychology of AIDS Denialism

Nicoli Natrass and Seth C. Kalichman

### 9.1 Introduction

South Africa is in the midst of a catastrophic HIV/AIDS epidemic with over 12% of the national population infected with HIV. Although representing less than 1% of the world's population, nearly 10% of people living with HIV/AIDS reside in South Africa. Probably the most perplexing aspect of South Africa's battle with AIDS is former President Thabo Mbeki's rejection of AIDS science in favour of the 'questioning' stance of a small group of 'AIDS denialists'. The story of denialism in South Africa and its political influence is well documented (Cameron, 2005; Gevisser, 2007; Gumede, 2005; Heywood, 2004; Natrass, 2007) but nevertheless remains an enigma: why did President Thabo Mbeki go down this path? Why did he and his Health Minister reject all expert scientific opinion on AIDS pathogenesis and treatment – even in the face of rising social anger, loss of political standing both domestically and abroad, and at the cost of thousands of unnecessary deaths? How the government not oppose Mbeki and remain silent for so long?

This chapter examines the politics and explores the psychological bases of AIDS denialism in South Africa. We start with a brief discussion of the nature of AIDS denialism and Thabo Mbeki's championing of it in South Africa. We then reflect on various explanations that have been offered – the overall assessment being that none of them is entirely satisfactory and that a more psychological approach might offer additional insights into the politics of AIDS denialism.

### 9.2 Overview of AIDS Denialism

In general, AIDS denialists either follow the views of a few Australian pseudoscientists who call themselves 'The Perth Group' who propagate the belief that HIV does not exist at all, or follow the University of California at Berkeley's rogue molecular biologist Peter Duesberg who claims that HIV is a harmless passenger virus. All stripes of AIDS denialists are, however, united by their unshakable belief that the existing canon on AIDS science is wrong and that AIDS deaths are caused by malnutrition, narcotics and antiretroviral medications (ARVs), particularly Zidovudine

(AZT) themselves. Thus, when Nelson Mandela's son died of AIDS in 2005, South African attorney and AIDS denialist Anthony Brink accordingly blamed ARVs for his death (Nattrass, 2007: 23). AIDS denialists also attributed the death of Thabo Mbeki's presidential spokesman Parks Mankahlana to ARVs (Mbeki and Mokaba, 2002). Although there have been instances of AIDS denialists in South Africa blaming AIDS on illicit drug abuse, most denialists blame ARVs or poverty for AIDS deaths. It is common for AIDS denialists to take the extreme to the point of absurdity. Illustrating the extremist thinking of denialists, Anthony Brink accused Treatment Action Campaign leader Zackie Achmat of 'genocide' for his role in bringing about policy changes to increase access to ARVs, even trying, unsuccessfully, to get the International Criminal Court to investigate the matter.

Most of those actively advocating AIDS denialism are freelance journalists or fringe academics with no scientific training in medicine. One prominent exception is Kary Mullis, who won a Nobel Prize in chemistry for inventing the polymerase chain reaction. Dr. Mullis has never done any scientific research on HIV, although his autobiography (Mullis, 1998) documents his scepticism about the relationship between HIV and AIDS as well as his encounters with extraterrestrial aliens, his belief in flying saucers, and astrology. The most noteworthy AIDS denialist is Peter Duesberg, who is a member of the National Academy of Sciences and the first person to isolate cancer-causing genes. But his credibility to speak on AIDS is tarnished by the fact that he has never conducted any scientific research on HIV and has no evidence to support his erroneous claim that AIDS is caused by recreational and ARV drugs rather than HIV. Even when presented with clear evidence to the contrary (such as the link between HIV and AIDS in haemophiliacs and the decline in death rates following the advent of ARVs), Duesberg holds fast to his unsubstantiated beliefs (Cohen, 1994). One of the last academic articles on AIDS that Duesberg published (Duesberg and Rasnick, 1998) was accompanied by a point-by-point rebuttal (Galea and Chermann, 1998) in the same journal. This, however, had no impact on the denialists. Peter Duesberg continues to maintain that HIV is harmless and that AIDS cannot possibly be caused by an infectious agent. He is also marginalized by mainstream science and is embraced as a cult figure by AIDS denialists.

AIDS denialism is driven by an international network that promotes its agenda primarily through the Internet, the 'independent' print media and occasionally through public meetings. Many of the links on AIDS denialist websites promote 'alternative' untested treatments for AIDS from vitamins to ozone therapy. The AIDS denialist movement includes entrepreneurs such as Matthias Rath, who has built a large international business (the Rath Health Foundation) claiming that multivitamins can 'reverse the course of AIDS' (Geffen, 2005). Another vitamin cure-allist Gary Null claims that HIV does not cause AIDS and sells vitamins and nutritional products for treating AIDS. Another infamous pseudoscientist and self-proclaimed nutritionist is Roberto Giraldo who describes himself as a 'natural health counsellor' and runs a clinic of 'integral psychoimmunology' in Brazil. AIDS curist entrepreneurs have spoken out against the use of ARVs in South Africa in favour of untested nutritional interventions. Despite a lack of evidence to back up their claims,

these individuals have a history of support for their endeavours by the South African Health Minister (Geffen, 2005; Natrass, 2007).

AIDS denialists downplay their links with the purveyors of alternative therapies, preferring instead to characterize themselves as brave ‘dissidents’ attempting to engage a hostile medical/industrial establishment in genuine scientific ‘debate’. Protected by a cloak of hubris (only they have the intelligence and moral courage to see the world for what it is), they portray themselves as lone, persecuted standard-bearers of the truth. They complain that their attempts to raise questions and pose alternative hypotheses have been unjustly rejected or ignored at the cost of scientific progress itself. This is, however, disingenuous because AIDS denialists continue to champion views that have long since been discredited, and ignore evidence that does not fit their beliefs (Cohen, 1994; Kalichman, 2009; Natrass, 2007; Smith and Novella, 2006). Given their reliance on pseudoscience, resistance to any contrary evidence and use of disinformation tactics, those who may have once been more aptly termed AIDS dissidents are now more appropriately known as AIDS denialists.

### **9.3 AIDS Denialism and Former President Thabo Mbeki**

As Nelson Mandela’s deputy president, Thabo Mbeki headed up AIDS policy at the start of South Africa’s AIDS crisis. But AIDS was not a central problem of the Mandela years where greater focus was placed on reconciliation and on reforming the old apartheid system of governance. It is as president that Mbeki appears to have been lured into AIDS denialism, most likely sometime in 1998 by journalist Anita Allen (Sparks, 2003). He subsequently followed this up with Internet research of his own and contacted Duesberg and his collaborator David Rasnick in the United States (Bialy, 2004), and Eleni Papadopulos-Eleopulos (the leader of the ‘Perth Group’ which claims that HIV does not exist) in Australia. Soon after becoming South Africa’s second democratically elected president in 1999, he started raising doubts about AIDS science, about the benefits of ARVs (especially AZT) and even the nature and extent of South Africa’s AIDS epidemic. He advised members of the National Council of Provinces to follow his lead and conduct their own AIDS research on the Internet.

The issue gained international notoriety in 2000 when, in the same year that the International AIDS Conference was held in Durban to put the spotlight on the terrible African AIDS epidemic, Mbeki invited all the major international AIDS denialists onto his ‘Presidential Panel’ to debate credible South African AIDS scientists on the causal link between HIV and AIDS. The AIDS denialists Mbeki summoned included Peter Duesberg, David Rasnick, Eleni Papadopulos-Eleopulos, Etienne de Harven (former head of a network called ‘Rethinking AIDS’), Roberto Giraldo (who subsequently became an adviser to the Health Minister) and Sam Mhlongo who, along with Rasnick and Brink, subsequently worked for the Rath Foundation in South Africa where they became involved in spreading disinformation on

AIDS while Rath was selling vitamins and running unethical and unlawful clinical trials (Kapp, 2008; Nattrass, 2007, 2008a). By giving equal representation to AIDS denialists and AIDS scientists, Mbeki's Presidential AIDS Panel created the illusion of a genuine scientific contestation. The panel also gave the impression of credibility to fringe academics and pseudoscientists, most of whom exploit their position on the panel to this day. As virologist John Moore observed dryly, the panel comprised 'pretty well everyone on it who believes that HIV is not the cause of AIDS, and about 0.0001% of those who oppose this view' (Cherry, 2000).

Predictably, the presidential panel was entrenched in the circularity of pseudo-scientific arguments and obviously could never come to agreement. Despite being presented by evidence from South African scientists that showed HIV-infected babies succumbed rapidly to AIDS and that AZT reduced maternal transmission of HIV substantially (Presidential AIDS Advisory Panel Report (PAAPR), 2001), the denialists on Mbeki's panel simply asserted that 'AIDS would disappear instantaneously if all HIV testing was outlawed and the use of antiretroviral drugs was terminated' (PAAPR, 2001). Instead, they recommended that ARVs be avoided and that all forms of immune deficiency be treated with vitamins and 'alternative' and 'complementary' therapies including 'massage therapy, music therapy, yoga, spiritual care, homeopathy, Indian ayurvedic medicine, light therapy and many other methods' (PAAPR, 2001).

The Presidential AIDS panel served as a means for President Mbeki and his Health Minister to portray AIDS science as deeply divided, thereby giving them the space to resist the introduction of ARVs. But this generated furious resistance from civil society, most notably the Treatment Action Campaign and condemnation from the world's medical and scientific communities. Faced with criticism from home and abroad, Mbeki responded by defending the AIDS denialists in a letter to world leaders. He claimed that attacks on the 'dissidents' were akin to the fanatical repression of heretics and by continuing to argue that the science was too contested to justify the use of ARVs, which in his view, only served the interests of the West, in particular, large pharmaceutical companies (Nattrass, 2007). Mbeki even tried to convince his cabinet that there was a conspiracy between pharmaceutical companies, the US CIA and AIDS treatment activists to infuse dangerous drugs into developing countries (Feinstein, 2007). These sentiments directly parallel the paranoid statements expressed by David Rasnick discussed later.

In the end, Mbeki was eventually prevailed upon by his own party to 'withdraw' from the public debate on AIDS science, although it appears he did not change his mind and continued to question rather than endorse the science of AIDS – for example, by refusing to have an HIV test because it would be confirming a particular paradigm (Gevisser, 2007; Nattrass, 2007). He also presided over a situation in which the Rath Foundation, assisted by Rasnick, Brink and Mahlongo, promoted AIDS denialism in order to get people off ARVs and onto Rath's vitamins.

After his public withdrawal from commenting on AIDS, Mbeki's agenda had been taken forward by his loyal ally, Health Minister Manto Tshabalala-Msimang. As is well documented elsewhere (Nattrass, 2007), Tshabalala-Msimang delayed the use of ARVs for mother-to-child transmission prevention (MTCTP) – until forced to

do so by the Constitutional Court in 2002 – and delayed the introduction of ARVs to treat people with AIDS, until protests from civil society forced government to back down. Even after being instructed by Cabinet to provide ARVs, the Health Minister, continued to stress the benefits of alternative untested treatments and to describe ARVs as toxic. Despite having had a public ARV rollout since 2004, South Africa's relative performance in terms of ARV coverage is amongst the worst in the world (Nattrass, 2008b). This is in large part a direct legacy of Mbeki's questioning and undermining of AIDS science.

Does this questioning stance make Mbeki an AIDS denialist? His spin-doctors and some academics (e.g. Ndebele, 2004) think not because he never overtly said in public that HIV does not cause AIDS, although he did say that a single virus could not cause a syndrome. However, this focus on Mbeki's verbal gymnastics is misplaced. As Mark Heywood observes, Mbeki's AIDS denialism can be gleaned from the fact that he questioned rather than affirmed the link between HIV and AIDS and 'left a paper trail of his questions about HIV and hints about his sympathies with the denialists, the impact of which can be traced through what was not done by his government as well as what was questioned and resisted' (Heywood, 2004).

On September 22, 2008 Thabo Mbeki resigned the presidency of South Africa after being voted out of the presidency of the ANC. In one of his first acts on his first day as president of South Africa, Kgalema Motlanthe removed Manto Tshabalala-Msimang from her post as Health Minister. In less than 48 hours, the politics of AIDS in South Africa turned away from denialism. A new government immediately set new policies into motion and the country seemed optimistic that a concerted effort from the top of government would forge a new way forward. The legacy of denialism, however, was sure to endure far beyond Mbeki's days as president. Messages that it is not HIV but rather poverty that causes AIDS and that ARVs are toxic poison have misinformed an entire country. HIV prevalence is climbing and HIV testing is resisted. We now know that hundreds of thousands of South Africans died as a direct result of AIDS denialist policies, especially those that interfered with HIV testing, access to ARVs and use of treatment for preventing mother-to-child HIV transmissions (Chigwedere et al., 2008; Nattrass 2007, 2008a). The legacy of AIDS denialism in South Africa is therefore clear. However, the origins of Mbeki's attraction to denialism remain somewhat of a mystery.

#### **9.4 Possible Explanations for Mbeki's Denialism**

Why did President Mbeki champion the views of a small group of discredited AIDS denialists at the clear cost of thousands of South African lives as well as his international reputation? Some analysts try to find an objective institutional/economic rationale for the policy, thereby implicitly arguing that AIDS denialism was a smokescreen for a despicable, but rational, strategy. For example, Nattrass (2004) hints that the failure to provide ARV treatment for people with AIDS was because the (employed) elite preferred to let unemployed people with AIDS die than pay the

extra taxes that would be needed to save them. Bond (2006) takes the argument one step further, suggesting that the state was pursuing a naked capitalist class agenda, whereas Fourie (2006) and Butler (2005) argue that the state simply lacked the economic and institutional capacity to deal with AIDS.

The problem with these narrow economic arguments, however, is that they fail to consider the many ways in which government could have reduced the costs of ARVs, including negotiating with pharmaceutical companies for bulk discounts, accepting donor country assistance, issuing compulsory licenses to produce or import generics, and designing less resource-intensive ARV delivery systems, if it had chosen to do so (Nattrass, 2008c). The position also fails to consider that providing ARVs for MTCTP, for example, would have *saved* the government money by limiting the number of AIDS sick children needing treatment in already over-burdened hospitals (Nattrass, 2004). More fundamentally, perhaps, this kind of argument requires us to believe that President Mbeki was the public face of a deeply cynical government agenda to mislead the public on AIDS in order to protect the government budget. Such a claim is inconsistent with the resistance Mbeki experienced from within government and from provincial leaders, and the subsequent willingness of the Minister of Finance to allocate resources to the ARV rollout (Nattrass, 2007). While the idea of an otherwise apparently intelligent state president becoming an AIDS denialist may seem implausible to some, the alternative supposedly 'rational' economic explanation seems even more so.

It has also been suggested that Mbeki's challenging AIDS science is best understood as part of a political struggle with civil society (including activists, scientists, and physicians) over the nature of state power itself. This is obviously true in a bland descriptive sense – as illustrated in this letter to opposition leader, Tony Leon, Mbeki was hostile to having government dictated to by expert opinion:

The idea that as the executive, we should take decisions we can defend simply because views have been expressed by scientist-economists, scientist-agriculturalists, scientist-environmentalists, scientist-pedagogues, scientist-soldiers, scientist-health workers, scientist-communicators is absurd in the extreme. It is sad that you feel compelled to sink to such absurdity, simply to promote the sale of AZT (quoted in Nattrass, 2007: 70)

The fact of his hostility to experts is evident. However, what requires explanation is why he chose to set himself, and his government, above the advice of scientists, and why he assumed that scientific opinion had been corrupted by pharmaceutical interests.

A related argument, also focusing on political determinants, emphasizes Mbeki's revolutionary political socialization, which may have predisposed him to seeing science as corrupted by industrial interests (Lodge, 2002; Sheckels, 2004). Even so, none of this explains why he fought the battle so hard – even when it was costing him political support – or why his supposedly revolutionary AIDS policy was so out of step with his own support for the government's orthodox economic policies. It certainly appears that his 'revolutionary' stance extended only to AIDS – and in this respect, his views are best explained with reference to AIDS denialism than to revolutionary socialism.

A different set of explanations for Mbeki's position on AIDS highlights his anti-colonial, Africanist ideology and his desire not to see Africa 'blamed' for a sexually driven epidemic (Cameron, 2005; Fassin and Schneider, 2003; Mbali, 2004). However, this does not explain why he then opted to support the United States, European and Australian AIDS denialists rather than world-class scientists and clinicians in Africa. As Mark Schoofs (2000) comments in his Pulitzer Prize-winning journalism on the problem:

What makes this all so extraordinary is that Mbeki – who constantly speaks of leading an “African renaissance” in economics, culture and science, and who says he consulted the dissidents to help avert a “superimposition of Western experience on African reality” – apparently chose to slight African science in his search for an African solution. Instead, he gave disproportionate credence to a group of mostly Western theorists who seem especially ignorant – indeed, almost contemptuous – of science conducted in Africa and the clinical experience of African physicians.

Indeed, Mbeki's approach was dismissive of senior African scientists, notably Makgoba (head of the Medical Research Council), and Zolile Mlisana and Kgosi Letlape (successive chairmen of the South African Medical Association). For example, Letlape, in a televised debate with Rasnick, reacted furiously to David Rasnick's claim that there was no evidence that ARVs extended the lives of AIDS patients, accusing him of treating South African doctors 'as idiots.'

AIDS denialists, of course, treat everyone who is not a fellow AIDS denialist as an idiot and a dupe. Such hubris and arrogance is necessary in order to disregard the mountains of scientific evidence on AIDS pathogenesis and treatment. It is also necessary to silence any possible internal voices of doubt that may be enquiring whether the person is really sure enough to put the lives of others on the line. In other words, psychological mechanisms are clearly important in explaining AIDS denialism. Here we explore the psychology of AIDS denialism.

## 9.5 A Psychological Autopsy of AIDS Denialism

AIDS denialism shares a common psychological basis with other forms of denialism, such as those who claim the Nazi holocaust is a historical lie, that man never stepped on the moon, and that the 9/11 terrorism attacks on the United States were orchestrated by the US government. It is in fact common for denialists to bleed across denialisms. For example, David Crowe, a prominent Canadian AIDS denialist also proclaims that pharmaceutical companies conspire to promote toxic cancer chemotherapies that also offer minimal medical benefits. Another example is the once reputable scientist Lynn Margulis who claims that the 9/11 attacks resulted from a US government conspiracy and that HIV does not cause AIDS. Denialism therefore stems from a general sense of suspicion that ultimately culminates in conspiracy thinking. Conspiracy theories themselves grow out of suspicions that government, industry, science, and medicine are motivated by intertwined sinister agendas. Suspicion, which is the core feature of paranoia and paranoid personality, drives individual attention towards ideas, issues, and anecdotes that confirm preconceived

notions of wrong doing. Suspicious thinkers are predisposed to biased perceptions and selective attention aimed towards sustaining their belief systems.

The worldview of the suspicious thinker and paranoid personality can become rigid and impermeable by facts that contradict preconceived notions. Like others with suspicious personality styles, the AIDS denier selectively attends to confirmatory evidence to bolster his or her existing beliefs. Deniers also manipulate objective reality to fit their preconceptions. The parallel between the suspicious personality style and AIDS denialism is compelling. As described by psychotherapist David Shapiro (1965),

A suspicious person is a person who has something on his mind. He looks at the world with fixed and preoccupying expectation, and he searches repetitively, and only, for confirmation of it. He will not be persuaded to abandon his suspicion of some plan of action based on it. On the contrary, he will pay no attention to rational arguments except to find in them some aspect or feature that actually confirms his original view. Anyone who tries to influence or persuade a suspicious person will not only fail, but also, unless he is sensible enough to abandon his efforts early will, himself, become an object of the original suspicious idea.

The sense of grandiosity that is central to the paranoid style is also apparent in the AIDS denier. The denier sees the 'real truth' whereas others are blinded by the conspiring forces of government and industry. In AIDS denialism, the science of AIDS is 'deconstructed' by untrained observers to examine evidence that is misunderstood and taken out of context. Journalists, nutritionists, lawyers, and politicians without any scientific or medical training proclaim expertise in what may very well be the most complex biological phenomenon encountered by modern medicine. For example, Canadian naturalist and AIDS denier David Crowe, who has no scientific credentials beyond a bachelor's degree, disputes the medical consensus of the World Health Organization, US National Institutes of Health, and every other established group of scientists. Similarly, South African attorney Anthony Brink professes to be an autodidactic AIDS expert who ridiculously claims to know more about AIDS than trained scientists working with HIV/AIDS. Self-proclaimed experts add to the growing pseudoscience propagated on the Internet that is easily confused with credible science and real experts. There is no scientific debate about the cause of AIDS and yet deniers hang on to the argument derived from their own misperceptions.

The grandiosity that is characteristic of paranoia is apparent in the writing and speech of the most visible deniers. For example, David Rasnick in his contributions to the 2000 South African Presidential panel on AIDS stated,

I don't have to point out to the government of South Africa that the involvement of the FBI, CIA, and NSA in AIDS represents a far greater threat to our democracies than HIV. The most astounding thing to me about all of this is that the greatest threat to our democracies has turned out not to be goose-stepping soldiers in camouflage but rather the chronic fear peddled by white-coated scientists and physicians and their sycophants in the media who have squandered billions of dollars of taxpayers' money annually.

Like Rasnick, Matthias Rath also sees a global conspiracy to promote HIV medications and has actually stated that the global AIDS conspiracy is directed at him.

In fact, Rath has claimed that Bill Gates is monitoring his website along with other extraordinary ego-centric beliefs,

If the governments of the developing world realize that the ARV genocide is the dirtiest way yet to replace the old colonial dependencies between the rich and poor nations of this planet, they will terminate this business. They will, like South Africa choose a health care system independent of the sickening and economically devastating dependency from the pharmaceutical colonialism. The equation is simple: the end of the AIDS business with disease will destroy the entire credibility of the pharmaceutical industry and will terminate the drug investment business worldwide. The collapse of this multi-billion dollar investment business, in turn, will lead to a major crisis in the whole investment industry. In other words, the 'Mother Theresa' PR-stunt of Bill Gates is a desperate, self-serving activity trying to stop this meltdown. If Gates is not successful, and the AIDS genocide by the drug cartel is ended, then the whole paper-wealth of Billy Gates is worthless.

As evidenced by their own words posted on the Internet, books, and interviews, it is apparent that denialism stems from a conspiracy-theory-prone personality style (Kalichman, 2009). From this perspective, the conspiracy-thinking-prone personality represents a disposition towards denialism. People who see only malevolence in governments, industry, and science will identify with claims that events too horrific to understand, such as genocide propagated by Nazi Germany, or devastating terror attacks, or a global pandemic can most easily be explained by those malevolent forces they know to exist. Conspiracy beliefs take on the character of what psychiatrists call encapsulated delusions, where a person who is seemingly otherwise grounded in reality in nearly every facet of their life can have a circumscribed entrenched belief system that is not reflective of reality and not refutable by facts. Although it is not psychologically accurate to state that denialists are delusional, their beliefs specific to the denialist claim certainly have delusional qualities. Most critically, the conspiracy thinking and encapsulated delusional beliefs that are apparent in AIDS denialism can lead to destructive behaviour, including avoidance of HIV antibody testing, rejection of ARV therapies, and even the failure to face an impending epidemic.

Turning back to former President Mbeki, we can ask the question as to whether his denialism is explained by a conspiracy-thinking-prone personality. In his authoritative biography of former President Mbeki, Mark Gevisser (2007) provides a glimpse into the workings of Mbeki's denialism. Gevisser argues that Mbeki is both intellectually arrogant and stubborn – refusing to give way to please the crowd. It would appear that Mbeki knew that he was going to run into major political problems when he started championing the cause of the denialists. It was reported that when the journalist Anita Allen gave him a dossier of denialist literature and suggested that he convene a panel to let their views be known, he said 'I am going to be slaughtered, you know' (Allen quoted in Farber, 2000). It was thus a deliberate decision to march into the line of fire, fully believing he is right while questioning the international medical establishment.

Thabo Mbeki is said to have researched AIDS himself, scouring the Internet for as much information on AIDS as he could find. Like anyone else untrained in science who searches the Internet, Mbeki came across AIDS denialist websites and

made the common error of mistaking credentials for credibility. Gevisser (2007) tells us that Mbeki insisted on reading and interpreting the ‘science of AIDS’ first hand, without filtering and explanation. Suspicious of the medical establishment and pharmaceutical companies, he placed equal value on the views of fringe scientist Peter Deuser and leading South African scientists. In fact, Mbeki saw the medical establishment as actively silencing the views of ‘dissident scientists’, as is evident in his saying:

We have been as it were bought up on an orthodox view. Certain things that one thought one knows – HIV equals AIDS equals death. One of the things that became clear, and which was actually rather disturbing, was the fact that there was a view which was being expressed by people whose scientific credentials you can’t question. I am not saying that they are necessarily correct, but it seems to me that there had been a determined effort to exclude their voice – to silence it. (President Thabo Mbeki, South Africa, Interview 2000)

Another common feature of conspiracy-prone thinking that we see in President Mbeki is an actual experience that validates a worldview. For Mbeki, his central involvement in the infamous Virodene scandal may very well serve as just such an event. Early in his presidency, Mbeki backed the South African development of Virodene, a drug that was hoped would cure AIDS, which turned out to be primarily an industrial solvent that demonstrated no benefit and became mired in scandal regarding its funding. The Virodene fiasco may have fuelled a sense of mistrust in medicines and medical authorities that rejected Virodene, planting the seed for Mbeki’s denialism.

Perhaps the most compelling account of Mbeki’s AIDS conspiracy thinking comes from Andrew Feinstein, a former member of the African National Congress (ANC). Feinstein (2007) tells of an address Mbeki gave to the ANC parliamentary caucus in which he stated:

There is a huge amount of literature on these issues that we must read so that when we are bombarded with huge propaganda we can respond. If we say HIV = AIDS then we must say = drugs. Pharmaceutical companies want to sell drugs which they cannot do unless HIV causes AIDS, so they don’t want this thesis to be attacked. That is one problem. The other one is the international political environment where the CIA has got involved. So the US says we will loans to Africa to pay for US drugs. (p. 124)

From his biographers and observers, we can discern that former President Mbeki shares a core set of beliefs that are common to AIDS denialists. Establishing a presidential AIDS panel that included among the world’s greatest AIDS scientist and the world’s most discredited AIDS denialists created an illusory AIDS debate that justified scepticism of scientifically established knowledge.

## 9.6 Conclusions

AIDS denialism found its way into politics and policies in South Africa. AIDS denialism thrives in the distrust in science and medicine. AIDS denialists such as Anita Allen and Anthony Brink gained access to President Mbeki simply because he was open to questioning what science had firmly established – that HIV causes

AIDS. In that sense, President Mbeki was psychologically vulnerable to the rhetoric and pseudoscience of AIDS denialism. Using his presidential AIDS panel to legitimize the denialist perspective, former President Mbeki set back HIV prevention and care in South Africa and elsewhere. Only with a reversal in AIDS policies that are grounded in denialism will South Africa address the devastation caused by HIV/AIDS.

## References

- Bialy, H. (2004). *Oncogenes, Aneuploidy: A scientific life and times of Peter H Duesberg*, The Institute of Biotechnology, National University of Mexico.
- Bond, P. (2006). 'The Decommodification Strategy in South Africa', in *State of Nature*, Winter 2006. Available on: <http://www.stateofnature.org/decommodification.html>
- Butler, A. (2005). South Africa's AIDS Policy: 1994–2004: How can it be explained? *African Affairs*, 104, 591–614.
- Cameron, E. (2005). *A witness to AIDS*. Cape Town: David Philip.
- Cherry, M. (2000). South Africa turns to research in the hope of settling AIDS Policy. *Nature*, 405, 105–106.
- Chigwedere, P., Seage, G., Gruskin, S., Lee, T., and Essex, M. (2008). Estimating the lost benefits of antiretroviral drug use in South Africa. *Journal of Acquired Immune Deficiency Syndromes*, 49, 410–415.
- Cohen, J. (1994). The Duesberg Phenomenon. *Science*, 266, 1642–1649.
- Duesberg P., and Rasnick D. (1998). The AIDS Dilemma: Drug Diseases blamed on a Passenger Virus. *Genetica*, 104, 85–132.
- Farber, C. (2000). AIDS and South Africa: A Contrary Conference in Pretoria. New York Press, Available on: <http://www.virusmyth.net/aids/data/cfmbeki.htm>
- Fassin, D., and Schneider, H. (2003). The politics of AIDS in South Africa: beyond the controversies. *British Medical Journal*, 326, 495–497.
- Feinstein, A. (2007). *After the Party: A personal and political journey inside the ANC*. Cape Town, South Africa: Jonathan Ball.
- Fourie, P. (2006). *The political management of HIV and AIDS in South Africa: One burden too many?* New York: Palgrave Macmillan.
- Galea, P., and Chermann, J. (1998). HIV as the cause of Aids and associated diseases. *Genetica*, 104, 133–142.
- Geffen, N. (2005). Echoes of Lysenko: State-Sponsored Pseudo-Science in South Africa. *Social Dynamics*, 31, 182–210.
- Gevisser, M. (2007). *Thabo Mbeki: A dream deferred*. Cape Town: Jonathan Ball.
- Gumede, W. (2005). *Thabo Mbeki and the battle for the soul of the ANC*. Cape Town: Zebra Press.
- Heywood, M. (2004). The price of denial. *Development Update*, 5, 93–122.
- Kalichman, S. (2009). *Denying AIDS: Pseudoscience, conspiracy theories, and human tragedy*. New York: Springer.
- Kapp, C. (2008). South African court bans vitamin trials for HIV/AIDS. *Lancet*, 372, 15.
- Lodge, T. (2002). *Politics in South Africa: From Mandela to Mbeki*. Indianapolis: Indiana University Press.
- Mbali, M. (2004). AIDS discourse and the South African State: Government denialism and post-apartheid AIDS policy making. *Transformation*, 54, 104–122.
- Mbeki, T., and Mokaba, P. (2002). Castro Hlongwane, Caravans, Cats, Geese, Foot and Mouth Statistics: HIV/AIDS and the Struggle for the Humanisation of the African. *Circulated to ANC branches*: 1–132. Available on: <http://www.virusmyth.net/aids/data/ancdoc.htm>. Note: This document was produced anonymously. However, it was circulated in the ANC by Peter

- Mokaba, and the document's electronic signature links it to Mbeki – and hence Mbeki is widely believed to be the primary author.
- Mullis, K. (1998). *Dancing naked in the mind field*. New York: Vintage Books.
- Nattrass, N. (2004). *The moral economy of AIDS in South Africa*. Cambridge: Cambridge University Press.
- Nattrass, N. (2007). *Mortal combat: AIDS denialism and the struggle for Antiretrovirals in South Africa*. Pietermaritzburg: University of KwaZulu-Natal Press.
- Nattrass, N. (2008a). AIDS and the scientific governance of medicine in post-apartheid South Africa. *African Affairs*, 107/427, 157–176.
- Nattrass, N. (2008b). Are country reputations for good and bad AIDS leadership deserved? An exploratory quantitative analysis. *Journal of Public Health*, 30 (4), 398–406.
- Nattrass, N. (2008c). The (political) economics of Antiretroviral treatment in developing countries, *Trends in Microbiology*, 16(12), 574–578.
- Ndebele, N. (2004). The dilemmas of leadership: HIV/AIDS and the state consolidation in South Africa. In M. Chabani (Ed.), *On becoming a democracy: transition and transformation*, Pretoria: UNISA Press.
- Presidential AIDS Advisory Panel Report (PAAPR). (2001). Presidential AIDS Advisory Panel Report: A Synthesis report of the deliberations by the panel of experts invited by the President of the Republic of South Africa, the Honourable Thabo Mbeki. This report is available on: <http://www.info.gov.za/otherdocs/2001/aidspanelpdf.pdf>
- Schoofs, M. 2000. How African Science has Demonstrated that HIV causes AIDS, Village Voice, 5–11 July. It is available on: <http://www.villagevoice.com/2000-07-04/news/proof-positive/1>
- Shapiro, D. (1965). *Neurotic Styles*. New York: Basic Books.
- Sheckels, T. (2004). The rhetoric of Thabo Mbeki on HIV/Aids: strategic scapegoating? *Harvard Journal of Communication*, 15, 69–82.
- Smith, T., and Novella. S. (2006). Denial of Evolution Theory and HIV Causation: Common Strategies, Common Personnel and Common Ground. Draft paper, available on [www.aidtruth.org](http://www.aidtruth.org)
- Sparks, A. (2003). *Beyond the miracle: Inside the new South Africa*. London: Profile Books.