Debunking Delusions: The Inside Story of the Treatment Action Campaign by Nathan Geffen. Jacana Media (South Africa), 2010. 236 pp. $24 (paperback). ISBN 9781770097810.

This book's lead title seemed to make it a natural for review in the *Journal of Scientific Exploration*; but it is the subtitle that properly describes the contents: It deals almost exclusively with South African controversies, about HIV/AIDS in particular and medical matters more generally.

Still, there are points of general interest. When a belief does not correspond to reality, the believers can go far astray in their actions and their recounting and explicating of events. So it is with this book, which is based on the mistaken notion that a retrovirus designated HIV causes fatal illness—AIDS—by destroying the immune system. Readers should also beware of the frequently used but entirely misleading terms "AIDS denialist" and "AIDS denialism": No one denies the existence of AIDS. What is denied is that AIDS is a new syndrome and that HIV is its cause.

"Cognitive dissonance" refers to the fact of human psychology that makes it essentially impossible for true believers to recognize—to *see*, to *take in*—evidence that falsifies their belief. The classic description was by Festinger, Riecken, and Schachter (1956). Cognitive dissonance is rampant among those who have accepted HIV/AIDS theory, and this book illustrates it.

Mention in the Acknowledgements (p. x) of a "partner of nearly two decades" whose given name is masculine indicates that Geffen is gay. AIDS was at first uniquely troubling for gay men because of its apparently unique association with them—it had at first been named GRID for gay-related immunedeficiency. It was natural, then, for gay activists to welcome the notion of a viral threat to everyone rather than ascribing the illnesses to aspects of unwise "fast-lane" lifestyle exemplified by a small subgroup of gay men exulting in the "gay liberation" of the 1970s. Still, the evidence was rather clear from the beginning that injudicious and promiscuous use of recreational and prescription drugs was the prime "risk factor" for contracting AIDS (Lauritsen 1993). Geffen notes that in South Africa homosexuality was still illegal when AIDS appeared in the United States, and the puritanical ambience was such that even mention of condoms was frowned upon (pp. 18–19). All this makes it understandable that Geffen will have been a prime candidate to swallow HIV/AIDS theory whole. For a dozen years or more now he has been active in the Treatment Action Campaign (TAC) whose aim is to make antiretroviral medication available as widely as possible.

I can sympathize with Geffen also when he describes some of the blatant quackery that exploits the fear of AIDS (pp. 3–10), and the book critiques appropriately and in detail one exemplar, Tine van deer Maas (p. 106 ff.), of the rather numerous charlatans who capitalize on the panic about HIV to peddle quack remedies. But it is the unwarranted hysteria over "HIV" that led many frightened, gullible people to turn to quacks. Quack theories spawn quack remedies.

For Geffen and his ilk, the tragedy is that the path to hell is paved with good intentions, and cognitive dissonance effectively screens that path from the truth, no matter how obvious the clues may seem to others. Thus Chapter 2, "What We Know about Aids" (British usage), begins with an epigraph from Harold Jaffe, a venerable HIV/AIDS researcher, referring in 2008 to the "global epidemic": Even though it had been obvious by then, for many years and including in all official datasets, that there never has been a global epidemic. The prevalence of positive HIV tests is well under 1% in every region of the world except those populated by people of a particular subset of African ancestry: sub-Saharan Africa, the Caribbean, and small areas such as Washington, D.C. The racial preference of HIV for such ancestry is in itself a strong clue that HIV tests do not detect a sexually transmitted retrovirus (Bauer 2007).

Within Chapter 2, "The Origin of Aids" repeats the absurdly incredible tale that HIV crossed to humans from chimpanzees in West Cameroon, probably early in the 20th century, and "was not widely present in South Africa until at least the mid-1970s." In the meantime it had supposedly jumped to Haiti, and from there to the United States, where for the first time it caused actual illness. But for 30 years it has not spread within the United States outside the initially affected groups, remaining at the same level of about 1 million; but it is exceptionally prevalent among African Americans all over the country. In Haiti, the prevalence has also remained steady for more than two decades, at roughly 5%. And since the 1990s, southern Africa has been the epicenter of both HIV and AIDS—not West Cameroon or Central West Africa where it was all supposed to have started. Geffen mentions the dramatic changes in demographics (p. 18) but suggests no possible reason for it. This scenario is simply not believable as the course of a sexually transmitted disease. Yet Geffen believes it, which induces him to believe as well that "recent swine and avian flu outbreaks also show that for a virus to cross from animal to human is not unusual" (p. 14).

Cognitive dissonance affects HIV/AIDS believers severely when it comes to medications. Like many others, Geffen is disingenuous about the first AIDS drug, AZT (nowadays called ZDV, zidovudine), by admitting that antiretroviral treatment before 1996 was "not particularly effective"

(p. 19); in reality the data indicate that AZT directly killed about 150,000 "HIV-positive" people in the United States alone (Bauer 2008) during the decade that it was the typical monotherapy. Geffen's TAC displayed cognitive dissonance again quite recently when it protested against a planned trial comparing stavudine to tenofovir because the former was said to be distinctly more toxic—even as the toxicity of the latter is well-established in the mainstream literature, in particular that it causes kidney failure (Bauer 2011). "Labour and breastmilk" are indicted for infecting 60,000 babies annually, even as several studies have shown that exclusively breastfed African infants are less likely than others to become "HIV-positive" (Bauer 2012).

Few people feel able to assess technicalities of the research literature for themselves, and so they have to rely on the views of specialists. The tragedy of HIV/AIDS began when some of the most competent specialists, who from the outset recognized the flaws in HIV/AIDS theory, were brushed aside by those who exercised power within government agencies, notably the National Institutes of Health and the Department of Health and Human Services. Geffen simply parrots what official sources say. For example he cites Gallo's four papers in *Science* as showing clearly "that Aids was caused by a newly discovered retrovirus": But those papers do not even claim to do that, they found retroviruses in only 26 of 72 AIDS patients and 18 of 21 who had "pre-AIDS" (Gallo et al. 1984).

It is one thing to understand the circumstances that predisposed Geffen to accept HIV/AIDS dogma and thereafter to suffer corollary cognitive dissonance; it is something else to excuse the presentation of rumors and shibboleths as though they were established fact. I would categorize as inexcusable Geffen's assertions, with no sources cited (pp. 22–23), that:

- Healthcare workers have been infected with HIV and then developed AIDS. There are no such cases of that certified in the literature.
- "HIV [has been] photographed regularly using electron microscopes." No.
- There is a correlation between viral load and health. No (Rodriguez et al. 2006).
- It is understood how HIV supposedly destroys the immune system. No:

> It is not clear how much of the pathology of AIDS is directly due to the virus and how much is caused by the immune system itself. There are numerous models which have been suggested to explain how HIV causes immune deficiency. (The Pathogenesis of AIDS 2009)

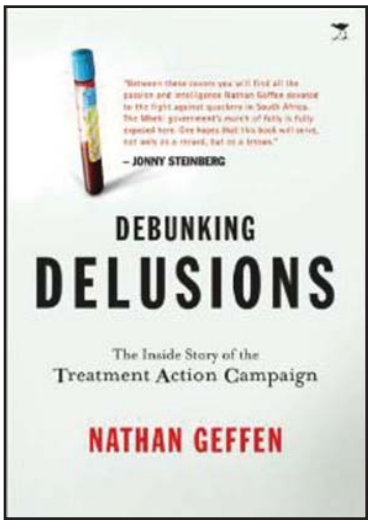
After three decades, no consensus has been achieved on how HIV can possibly do what it's claimed to do.

Geffen is utterly out of order when he writes (p. 23), "It is fair to say that there is no other infectious disease whose cause has been confirmed as thoroughly as HIV." The writer is not a doctor, nor a medical researcher, nor a biologist, nor a historian or sociologist of medicine. He makes this unequivocal sweeping claim purely on faith in the knowledge that others claim to have. And without even citing specific primary sources.

So Chapter 2 is best ignored. However, Geffen knows whereof he writes in Chapter 3, a history of TAC. One cannot quarrel with TAC's campaign to make necessary drugs available at reasonable price, including allowing generic drugs to be imported, beginning with the antifungal fluconazole. Since then the concern has been with antiretroviral drugs. HIV/AIDS devotees believe those drugs to be beneficial, but HIV/AIDS dissidents believe that they do more harm than good. Most of Chapter 3 describes the confrontations between TAC and the Government over this issue.

Chapter 4, "Tradition and Science," begins with anecdotes of individuals who did not benefit from traditional healers but responded well to antiretroviral drugs. Traditional African medicine is discussed in reasonable fashion, in the context of placebo and such comparable Western traditions as homeopathy; including an acknowledgment that some traditional herbal remedies can actually be harmful, and that some regulation of traditional healers would be a good thing. Geffen makes the revealing statement (p. 96) that he is a great fan of Wikipedia and is "no longer too snobbish to reference" it, underscoring how unreliable his sourcing is.

Chapter 5 begins by contrasting two "HIV-positive" individuals, one using antiretroviral drugs and the other a nutritional approach. Geffen acknowledges that this is no sort of scientific trial—but then contradicts himself immediately by asserting that "science does tell us . . . the most likely outcome," implying that the outcome actually means something scientifically. Chapter 6 then attacks Dr. Matthias Rath, a fully qualified Western physician who worked with Linus Pauling and has an evidentiary basis for recommending nutritional supplements. Geffen does demonstrate that Rath is often involved in legal disputes—but also that he wins some of them. The crux is that Geffen does not question diagnoses of "AIDS" and "HIV-positive" whereas many better-qualified dissenters from HIV/AIDS dogma recognize that "AIDS" might reflect malnutrition or a variety of actual illnesses and diseases that might have nothing at all to do with "HIV." Some physicians (for example, Juliane Sacher (2006) and Claus Koehnlein (Duesberg, Koehnlein, & Rasnick 2003) in Germany) have had better success treating "AIDS" patients by specifically targeting their manifest



conditions, compared to other physicians who relied solely on antiretroviral drugs. An advertisement by Rath showed a bottle of AZT with its skull-and-crossbones warning of toxicity; Geffen characterizes this as misleading because it was "an experimental bottle of AZT. . . . This was a liquid form of AZT not distributed to patients. . . . [and] used by a research company called Sigma-Aldrich" (p. 136). This is massive ignorance on an important matter: There is no liquid form of AZT, though one can make solutions of it; there was nothing "experimental" about the sample; AZT was *made* by Sigma-Aldrich, which is a well-known supplier of chemicals, and though it doubtless does research pertinent to its manufacturing business, it isn't a "research company."

Chapter 7 goes into great detail about TAC's legal actions against Rath. Again there is the cognitive dissonance against recognizing that antiretroviral drugs are known to cause heart disease as well as other organ failures (Guidelines, no date). There is much about the maverick lawyer and maverick HIV/AIDS dissident Anthony Brink, and Geffen shows that he fails to see himself as others see him: His debate with Anthony Brink was "like taking candy from a baby" (p. 134), yet under this reviewer's reading of the transcript, it reveals no victor.

Chapter 8 concerns itself with questions of controlling drugs and complementary supplements in South Africa, and Chapter 9 summarizes TAC's success in changing official policy, through targeting supporters of the party in power, wooing the media, and campaigning at the grass roots in the community, which Geffen describes as "treatment education." He also credits such education with bringing better adherence to taking antiretroviral drugs. In the United States, compliance with "HIV/AIDS" medication is a hot issue because the "side" effects of the drugs are so debilitating. Geffen repeats claims of lives lost because antiretroviral drugs were not made available, even though those claims have been soundly debunked (Duesberg et al. 2011).

The depth of Geffen's passion shows when he calls for "denialists" to be brought to account (pp. 199–200), an unfortunate indication of vindictiveness when earlier he strives to emphasize selflessness and high-

mindedness. The book will interest primarily people already interested in HIV/AIDS matters or in the social and political struggles in South Africa's nascent democracy. Readers should be aware that the approach is explicitly partisan and fails even to cite in the Bibliography central works by people with differing views, for instance Robert Root-Bernstein (1993) (not to speak of Peter Duesberg (1996)), or reports that show the facts in a different light, as those by South African journalist Rian Malan (2001, 2003).

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