

and perpendicular to palaeoequatorial girdles, respectively. In his figure 1, Smoot depicts a section of the equatorial belt on Venus, along with a perpendicular structural branch, and argues that these must be the product of surge tectonic processes. Hidden in such assertions are the bitter pills in all the natural sciences that, in general, *interpretation of data is theory-laden*. This means that a limited (and specific) set of observations normally have a variety of meanings, limited only by our imagination. Unless we have a wide range of diverse observations that readily fall in place within our preferred geophysical frame, defining a lengthy prediction-confirmation chain, we cannot be sure of our interpretations. Such important scientific abstractions represent glaring omissions in the book. However, this criticism does not detract from the essential message of the author: "the scandal that earth science research has become." He asks how such a travesty could happen, and he gives at least part of the answer: "... the problem is that fund managers and the big names in earth science—[those in control of] research and editorial boards of earth science journals—happen to be the same. That's right; they police themselves. Who is there to act as a watchdog? You may rightly ask. Nobody. Among the earth science community those who raise questions become pariah. So, the scandal goes on."

This is a very thought provoking book. I greatly value my copy.

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References

- Kreichgauer, D. (1902). *Die Äquatorfrage in der Geologie*. Steyl: Missionsdruckerei.
 Storetvedt, K. (2003). *Global Wrench Tectonics. Theory of Earth Evolution*. Bergen, Norway: Fagbokforlaget.

Witness to AIDS by Edwin Cameron (with contributions by Nathan Geffen). London and New York: I. B. Tauris, 2005. 240 pp. \$21.95 (UK £12.99, Australia \$35) (paper). ISBN 1-84-51111-92.

Edwin Cameron is a widely respected South African judge and human-rights activist both against apartheid and for gay rights. Since 1986 he had been open about being gay, but not about being HIV-positive. A dozen years later, soon after he was diagnosed with AIDS, he made that public. This book is both his story and an activist tract. It illustrates much about the havoc that HIV and AIDS have wreaked, the difficulty of disentangling fact from myth and from what remains unknown, and the dogmatic passions that obscure the substantive issues.

The book is written in purple prose, festooned with adjectives that paint actions and actors in black or white; black equals both untruth and evil, white equals truth and virtue. Thabo Mbeki, for example, was entirely admirable—

until he questioned whether HIV = AIDS, whereupon nothing good could be said about him any longer, until he began to see the error of his ways.

This approach confounds matters of fact with matters of human conduct, like confusing "is" with "should", what philosophers describe as the naturalistic fallacy. One might have thought that Cameron, a lawyer and a judge, would be clear that virtuous people can nevertheless be wrong, for any number of reasons. Still, Cameron's penchant for black-and-white discourse and for confounding questions of fact with questions of virtue has a valuable consequence: certain contradictions in HIV/AIDS dogma are made very plain indeed.

Cameron accepts that sex is the primary mode of HIV transmission. He also argues that there should be no stigma attached to contracting HIV. That a stigma exists, he claims, is because of the general feeling of shame that humans attach to having sex. He applauds public display of T-shirts proclaiming "I am HIV positive", comparing it with the display by Denmark's King Christian X of the yellow Star of David, which Jews were required to wear, during the Nazi occupation. (The latter splendid story is an urban legend, not historical fact¹.)

But would Cameron make the same statements if one substituted "syphilis" or "gonorrhoea" for "HIV"? Having what Wilhelm Reich called a "sex-positive" attitude does not entail having a positive attitude toward sexually transmitted disease, surely. Is it wrong to suggest that one should use one's head—in an intellectual sense—before having sex? That one should know one's partner? That one should use condoms and behave sensibly, especially if one has any doubts about the partner?

Cameron says that his "cautious conduct", "the generally cautious conduct of a hard-working lawyer", was vanquished by "a single virus"; yet in the same paragraph, he cites "a single, incautious episode of unprotected receptive sexual intercourse during Easter 1985" (pp. 121–122). Of course, all humans are liable to lapse from sensible behavior, but blaming the virus rather than his own incautious role in that episode seems a strange evasion for a judge and lawyer. Would he apply the same reasoning to someone whose lifelong record of blameless driving was blemished by a single fatal accident?

I surely do not want to suggest that accidents don't happen, or that entirely virtuous people never contract a venereal disease; what strikes me as inconsistent is the incessant emphasis on HIV-positives as victims, entirely undeserving of even the slightest stigma, entirely blameless for their own predicament—coupled with the certainty that HIV-positive results from unsafe sex. I agree that HIV-positives are victims, and that there should be no stigma, and that they are blameless—but I do so because I have learned from the mainstream scientific literature that HIV is *not* a venereal disease, *not* a transmissible sexual infection²⁻⁵.

Cameron's confusion over this issue has long been endemic in discourse about HIV/AIDS. When it was thought to be a strictly gay disease, blaming the victims was equated with homophobia, which has become unacceptable in most of the civilized world. But HIV/AIDS dogma has long been that everyone is at risk, and there has been incessant propaganda for safe sex; why is it not now permissible to suggest that those who lapse into unsafe sex, even if only once, are

not entirely blameless victims if they are unlucky enough to contract gonorrhoea, syphilis, chlamydia, herpes, or any other sexually transmitted infection?

The book's reasoning is even more muddled when it considers the distribution of HIV and AIDS around the world. It acknowledges that outside the industrialized world, sub-Saharan Africa is the only region in which the whole population is significantly affected; in the developed countries, HIV/AIDS remains largely a disease of drug users and gay men. Cameron is right, that "Only a fool would say that no heterosexual epidemic can or will ever occur outside Africa" (p. 84); yet it has not happened during the quarter-century of the AIDS "epidemic", and that does cry out for an explanation. After all, sub-Saharan Africa and its people have hardly been quarantined sexually from the rest of the world.

Cameron rejects as racist the suggestion that sexual practices particular to sub-Saharan Africa must provide the answer, yet he has no plausible alternative suggestion to make. He reports the speculation that Africans might be genetically more prone to infection when exposed to the virus, but does not endorse it. Understandably so, because HIV/AIDS dogma requires an explanation that is common to heterosexual sub-Saharan Africans and to drug abusers and gay men in the industrialized world. It is difficult to conceive what such a commonality could be, and a genetic one certainly seems more than a little farfetched. So does commonality of sexual practices. But what other explanation is available? The best one comes from those who question whether HIV causes AIDS: AIDS in Africa is a different matter altogether from AIDS in the developed world.

The orthodox view, steadfastly supported by Cameron, looks very peculiar also in its drive to provide cheap anti-retroviral drugs to many millions in Africa. Progression to AIDS in HIV-positive children goes faster, Cameron says, when those children—like so many in Africa—are malnourished and living in poverty. The average income of 290 million Africans is US \$1 per day, Cameron states (p. 110). What living in poverty means there is portrayed graphically in the film *Questioning AIDS in South Africa*, reviewed elsewhere in this issue.

Here is a modest proposal. The developed world is aiming to provide billions of dollars for anti-retroviral drugs for Africa. Take 10% of that and use it instead to distribute multi-vitamins and basic foods. Offer each African the choice, drugs or food. Then observe and compare over time the health status of those choosing drugs with those choosing food and vitamins.

Just thinking along those lines makes the whole drugs-for-Africa initiative seem absurd beyond words. Those who take anti-retroviral treatment in the industrialized world are on the whole well nourished and carefully supervised, their medications are adjusted as necessary, and side effects and other ailments are treated as they arise; yet many of them still drop out of treatment after varying periods of time, or find that resistant strains of HIV mandate changes in medication. Cameron himself says, "Death from AIDS is now avoidable. With carefully administered treatments, and subject to monitoring and with appropriate medical care, AIDS is no longer a fatal disease. It is now a medically

manageable condition" (p. 137). But the infrastructure to treat tens of millions of Africans in that way does not exist, nor could it be established in any foreseeable future; and so it seems highly questionable whether it makes any sense merely to distribute potentially toxic drugs with many possible debilitating side effects—even if HIV were the cause of AIDS. Cameron's attempt in Chapter 7, co-authored with Geffen, to argue the case for making anti-retroviral medications available relies on the authors' absolutist morals; for example, "an elementary point about human rights. It is quite simply unethical and immoral to invest money in preventing new HIV infections while allowing millions who are already infected to die" (p. 194). Others could plausibly believe and argue the exact opposite from their own ethical and moral perspective. "Fundamentally, those arguing against treatment suffered from a failure of belief in our capacity as humans to change the world in which we live. That world is very changeable. We can change it" (p. 195). Fine sentiments—perhaps suitable speech for an evangelist—but this is no reasoned argument, not what one might expect from a jurist. The chief flaw of this whole book is its incessant declarations of what is fair and just, as though the author's view were the only possible and absolutely correct one.

That HIV-positive appears to be a non-specific stimulation of an immune response^{3,6} rather than the cause of AIDS may be the reason why HIV-positives, unexposed to anti-retrovirals, often do not progress to AIDS⁷; but it leaves unanswered the question, why gay men seem so prone to become HIV-positive. It may be that it is largely those gay men who practice the fast-lane lifestyle, putting them at risk of AIDS, who are most likely to get themselves tested for HIV; but that leaves the conundrum of people like Cameron, who become HIV-positive while not partaking of such behavior. That AIDS does not inevitably follow for HIV-positive gay men is illustrated by several people in the film *The Other Side of AIDS*, reviewed elsewhere in this issue. On the other hand, there are those like Cameron, who appears to have come down with AIDS some dozen years after becoming HIV-positive.

On this point, *Witness to AIDS* lends considerable plausibility to suggestions that this reviewer had long ago dismissed as not very plausible. Perhaps the most valuable part of the book may turn out to be Cameron's descriptions of highly wrought emotion and psychological stress. He was in perpetual quandary over the disconnect between his desire for honesty and openness and his well-grounded fear of how people would react if they knew he was not only gay but HIV-positive to boot, let alone actually ill with AIDS. For many years, he consciously threw himself into work and human-rights activism in order to push aside his personal dilemma. Reading this book, one might wonder how he avoided worrying himself into an ulcer—if one didn't now know that bacteria and not worry are the chief cause of ulcers. But perhaps it was worry and not HIV that eventually made Cameron ill?

The power of placebo is widely acknowledged⁸. The opposite process, nocebo (psychosomatic illness as opposed to psychosomatic cure) is rarely discussed,

and yet it seems reasonable—a priori, lacking understanding of the mechanisms involved—to guess that placebo and nocebo might be about equally powerful. Since the early 1980s, "HIV" and "AIDS" have carried the implication of inevitable death coming in highly unpleasant ways, as well as great social stigma. What must it be like, when all around you expect that for you? Might not "worrying yourself to death" then be more than a metaphor? If Australian aborigines die when the bones are pointed at them, might not Westerners bring on their own death after being told that they are HIV-positive? A series of essays, *The AIDS Cult*⁹, suggested that years ago. The film *The Other Side of AIDS* offers much testimony to the profound psychological stress associated with being HIV-positive. Cameron's descriptions of his state of mind, his attempts to suppress his fears, his persisting in overworking even when certifiably ill and needing rest, seem classic descriptions of heading toward physical collapse or nervous breakdown. If illness could ever result from nocebo, then Cameron was, by his own graphic testimony, a prime candidate. His bouncing back upon beginning anti-retroviral treatment might then be placebo replacing nocebo (though it has been suggested that anti-retrovirals can also produce temporary well-being through their acting against bacterial infections, or possibly through hormesis). "We had people who were symptomatically AIDS patients . . . They were dying of AIDS, but when they were tested and found out they were negative they suddenly rebounded and are now perfectly healthy"¹⁰. One or two other anecdotes of people feeling better after beginning anti-retroviral medications are recounted in the book, without the detail or citations that would allow further consideration of the various possibilities.

Those are the substantive issues illustrated by *Witness to AIDS: HIV/AIDS* dogmatists are self-contradicting as to responsibility in relation to venereal disease; they have no good explanation for the global distribution; Cameron's cogent descriptions of his emotional state makes a strong case for nocebo as a contributing factor in causing HIV-positives to become actually ill.

But these substantive issues are immersed in an argumentative, stridently partisan tract; to describe it as dogmatic would be an understatement. Cameron fits my stereotype of the morally upright Scot, unshakably reliable and loyal, dedicated to good works, eager to leave the world better than he found it. Ample testimony from others confirms that impression. And yet Cameron is—through little fault of his own—quite wrong about HIV/AIDS, and the other side of his Scots character is the emphatically self-righteous certainty of his pronouncements. It seems incongruous for one who lauds "legal reasoning . . . [for] an inestimable role in countering illogicality and untruth" (p. 130) to express 100% certainty over matters that he has accepted on the authority of others, whose views are disputed by at least equally qualified people. "To the majority, who operate by the accepted canons of scientific inference, deduction and refutation, these researchers are intellectual and moral outcasts who discredit their own capacity for reason by defying the elementary premises of rational thinking and

scientific inference" (p. 94). "These researchers" referred to include, one ought to be reminded, a couple of Nobel Prize winners in molecular biology as well as distinguished virologists, physiologists, epidemiologists, and others: read many names at www.virusmyth.net/aids/group.htm and www.aras.ab.ca/rethinkers.htm.

"Truth and falsehood are established by contestation ... in which the evidence for and against ... is examined, re-examined and eventually judged sufficient or provisionally wanting. This is how 'paradigms' shift" (p. 134). That may be how things (are supposed to) go in courts of law, but it is not how things go in science", and it is certainly not how things have gone as to HIV/AIDS. Why does Cameron not know that Peter Duesberg has been waiting since 1987 for a response to his detailed argument¹² showing that no retrovirus could cause AIDS? That Kary Mullis has been waiting for some 15 years to be told which published papers are supposed to prove that HIV causes AIDS? That Mullis, inventor of the technique used in calculating "viral load", has explained why that technique cannot validly be used in that way? Has Cameron satisfied himself, by looking at evidence, that Robert Gallo, say, operates by "the accepted canons" of anything? If so, what does he have to say about the general consensus" that Gallo misappropriated Montagnier's virus?

Many other features of this book invite similar criticism, best exemplified when Cameron explicitly argues that "AIDS denialism" and "Holocaust denialism" are of the same ilk. Even if they are, it is not in the sense he intends: rather it is that in both cases, the name-callers are implying that those who disagree with them actually know, or should know, what the real truth is, and yet deliberately, willfully, refuse to acknowledge it. But there are many possible reasons besides willfulness for being wrong about something. In any case, as already pointed out, being wrong is not the same as being evil.

I claim a personal right to take umbrage over the equating of "AIDS denialism" with "Holocaust denialism". In the first place, we don't deny that AIDS exists; we point out that HIV has not been proved to be its cause. In the second, personal, place, my immediate family escaped the Holocaust by the skin of our teeth, and none of us has ever questioned its reality; but after reading a vast amount of the literature on HIV/AIDS, I have become convinced that HIV does not cause AIDS because the published data show that HIV is not sexually transmitted^{2**}. That conviction is powerfully reinforced by the fact that the people who call those like me Holocaust deniers habitually indulge in that sort of name-calling instead of responding to a very straightforward request, made for well over a decade by many prominent people: "Please cite those published articles in the scientific-medical literature which prove that HIV causes AIDS". It would take far less time, far fewer words, just to cite those papers than to commit vitriolic pages-long diatribes like that recently directed at Celia Farber and Harper's magazine¹⁴. Cameron, like those others, cites the "fact sheet" maintained on the website of the National Institutes of Health¹⁵: by no stretch of the imagination is that a scientific publication, if only because it is anonymous,

not peer-reviewed, and subject to continual modification; in addition, though, its substantive assertions have been comprehensively debunked¹⁶.

In public speeches, reported at length in "South Africa's influential high-brow weekly, the *Mail & Guardian*" (p. 135), Cameron "compared those who systematically deny the Nazi Holocaust ... as an historical fact, and those who systematically deny the epidemic of HIV-caused disease as an historical and current fact" (p. 131). "Tens, indeed hundreds of thousands of South Africans were dying of AIDS. Without immediate action, millions more would follow [But] there was ... little evidence that government had taken the path of constructive and decisive action" (p. 136). "With all deliberate understatement, the cost in human lives and suffering of denialist-inspired equivocation in national AIDS policy can be described only as horrendous. A leading AIDS activist ... has referred to government's policies — with resonant imagery — as a 'holocaust against the poor'" (p. 137).

Cameron was invited to a national radio talk show to discuss these contentions (p. 138), but declined on the grounds that it was inappropriate for him as a judge to do so in a non-academic setting (p. 139). He was then dismayed when the talk-show host misrepresented him as having compared "the government's AIDS policies to the Nazi Holocaust" and drawing "a 'not so subtle comparison' ... between President Thabo Mbeki and Hitler" (p. 139).

Cameron is strictly correct in pointing out that this is not what he said. He is surely naïve, though, in disclaiming responsibility for such an interpretation. After all, it was his own free choice to bring into discussion the Nazi Holocaust, whose relevance is hardly obvious to such issues as claimed correlations between HIV and AIDS, changing definitions of AIDS, changing estimates of the latent period between infection and symptoms, or any of the other substantive points that divide "denialists" from dogmatists. The only purpose of mentioning the Holocaust is to arouse emotion in the service of Cameron's opinion, to put beyond the pale those who disagree with him. With Cameron's experience of activism and public life, it should have come as no surprise that this might backfire. His attempt to explain himself (p. 139 ff.) becomes reminiscent of the question of what the meaning of "is" is: "A holocaust, as opposed to 'the Holocaust', means any mass destruction or mass death. Use of the word does not suggest that the deaths are deliberately inflicted" (p. 140). How different is deliberate infliction from a policy that permits deaths to happen, which is what he charged Mbeki and the government with? Are sins of omission so distinctly less reprehensible than sins of commission? Does Cameron really want anyone to believe that all he was doing by bringing in the Holocaust was comparing "forms of knowledge refutation ... historically different but methodologically similar forms of truth denial" (p. 147)?

Of course not. "The comparison ... was unquestionably loaded" (p. 148). Then follow eight pages of rather pathetic attempts at self-justification, including for breach of the principle that judges should not take public activist stances in this way.

It would be easy to suggest psychological reasons why Cameron is impelled to believe as he does, as strongly as he does, causing this man who so wants to be virtuous to commit wholesale *ad hominem* both in blatant and also in rather sneaky ways (for example, p. 147, about the minister who criticized his Holocaust comparison); not to speak of the intellectual dishonesty necessary to maintain that he has never been wrong: "I compared Holocaust denialism and AIDS denialism because I believed that the comparison between them was valid and true. And illuminating and important. I still do" (p. 148).

Cameron preaches to the choir. The book is intellectually muddled, dogmatically moralistic, and in some places maudlin. Other than the three substantive issues discussed in the first part of this review (and which contradict Cameron's stance), agnostics, skeptics, and disbelievers are unlikely to gain anything from this book about substantive points of contention as to HIV and AIDS.

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Notes

- ¹ John Lamperti J. The King of Denmark and the Yellow Star. *Non-Violent Activist (The Magazine of the War Resisters League)*, May–June 2002; www.warresisters.org/nva0502-5.htm, accessed as recently as 29 April 2006.
- ² Bauer, H. H. (2005). Demographic characteristics of HIV: I. How did HIV spread? *Journal of Scientific Exploration*, 19, 567–603.
- ³ Bauer, H. H. Demographic characteristics of HIV: II. What determines the frequency of positive HIV-tests? *Journal of Scientific Exploration*, 20, 69–94.
- ⁴ Bauer, H. H. Demographic characteristics of HIV: III. Why does HIV discriminate by race? *Journal of Scientific Exploration*, 20, 255–288.
- ⁵ <http://hivnotaids.homestead.com/Abstracts.html>
- ⁶ www.thepertgroup.com
- ⁷ Maggiore, C. (2000). *What If Everything You Thought You Knew about AIDS Was Wrong?* (4th rev. ed.). American Foundation for AIDS Alternatives.
- ⁸ Shapiro A. K., & Shapiro E. *The Powerful Placebo—From Ancient Priest to Modern Physician*. Johns Hopkins University Press, 1997; Harrington, A., ed. (1997). *The Placebo Effect—An Interdisciplinary Exploration*. Harvard University Press (see reviews in *Journal of Scientific Exploration*, 14, 485–491); Brody, H., & Brody D. (2000). *The Placebo Response*. Cliff Street Books (HarperCollins) (see review in *Journal of Scientific Exploration*, 15, 541–546).

- ⁹ Lauritsen, J., & Young, I. (1997). *The AIDS Cult — Essays on the Gay Health Crisis*. ASKLEPIOS; ISBN 0-943742-10-2.
- ¹⁰ Philippe Krynen, a French nurse working with AIDS orphans in Tanzania, cited in Celia Farber, "Out of Africa; Part One", Celia Farber, *Spin*, March 1993.
- ¹¹ See, for example, Bauer, H. H. (1992/1994/2005). *Scientific Literacy and the Myth of the Scientific Method*. University of Illinois Press.
- ¹² Duesberg, P. H. (1987). Retroviruses as carcinogens and pathogens: Expectations and reality. *Cancer Research*, 47, 1199–1220.
- ¹³ Crewdson, J. (2002). *Science Fictions: A Scientific Mystery, a Massive Cover-up and the Dark Legacy of Robert Gallo*. Little, Brown.
- ¹⁴ "Errors in Celia Farber's March 2006 article in Harper's Magazine", by (in alphabetical order by surname) Robert Gallo MD, Nathan Geffen, Gregg Gonsalves, Richard Jefferys, Daniel R. Kuritzkes MD, Bruce Mirken, John P. Moore PhD, Jeffrey T. Safrit PhD; final version: released 22 March 2006; available for instance at www.aegis.org/files/tac/2006/errorsinfarberarticle.html as recently as 25 April 2006.
- ¹⁵ www.niaid.nih.gov/factsheets/evidhiv.htm, accessed as recently as 19 April 2006.
- ¹⁶ A rebuttal to the NIAID/NIH document "The Evidence That HIV Causes AIDS", by Robert Johnston, Matthew Irwin, and David Crowe; available at <http://www.rethinkaids.info/body.cfm?id=1>, accessed as recently as 19 April 2006.

The Secret Vaults of Time: Psychic Archeology and the Quest for Man's Beginnings by Stephan A. Schwartz. Studies in Consciousness Series. Charlottesville, VA: Hampton Roads Publishing, 2005. 370 pp. \$17.95 (paper). ISBN 1-57174-431-2.

Stephan A. Schwartz is well-known within the parapsychological community not only for his contributions to experimental research on ESP in the form of remote viewing, but also for being one of the few bold enough to pursue the development of innovative practical applications of psychic (psi) phenomena in everyday life. Of note in the former case, he had been directly responsible in arranging for the use of a deep-dive submarine in an experiment exploring the spatial and environmental limits of remote viewing that was a part of a larger covert series of remote viewing studies carried out at Stanford Research Institute and funded by military intelligence agencies in the late 1970s. Despite being nearly 500 miles out from the target and several hundred feet below the surface of the Pacific Ocean, the two remote viewing subjects were still apparently able to accurately describe characteristics of the target site to a statistically significant degree in both of the two experimental trials (Puthoff et al., 1981: 51–57). Of note in the latter case, for nearly 20 years Schwartz had served as the chairman and research director of The Mobius Society, a Los Angeles-based research organization that in the 1980s had made contributions to the field of