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## Once Upon A Virus

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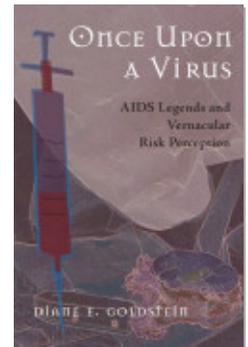
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## What Exactly Did They Do with That Monkey, Anyway?

### Contemporary Legend, Scientific Speculation, and the Politics of Blame in the Search for AIDS Origins

Cross-culturally, traditional narratives have consistently displayed an interest in the issue of origins. Etiological (or origin) tales form a significant part of most folktale collections, providing narrative explanations for such issues as how the moon got in the sky or why the mouse has such a long tail.<sup>1</sup> In part, these narratives envisage a world that predates the one we know today; and perhaps our long time fascination with origins is, at least in part, about nostalgic or historical fantasy. But etiological tales also speculate about how we came to our current state of being, how the things that we take to be normative developed or appeared where once they were not. AIDS narratives are no different. A significant part of AIDS legendary tradition betrays our obsession with origins. Whether the narratives focus on government conspiracies, African or Haitian AIDS, “patient zero” type characters, superbugs transmitting the virus through bites, or hundred-year-old AIDS cases, the concern is the same: establishing a first—a source for this thing that made our world change so irreversibly. The search for disease origins illustrates the parallels between vernacular and scientific theory. As Waldby notes, one of the primary logics that informs HIV medicine

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1. Etiological tales are also called explanatory tales in classical folklore generic classifications (see Bødker 1965).

is a drive to establish the origin of the disease, evidenced by concerns with the evolutionary origin of the virus, its epidemiological categories, and the effort to trace contacts for each new case of HIV (Waldby et al. forthcoming). "Knowing the origin of infection establishes some intellectual control over it," Waldby and coauthors argue, "allowing logical patterns of diffusion and transmission to be discerned, and prevention strategies to be formulated" (forthcoming:11).

While a great deal of scientific effort and speculation has been devoted in recent years to attempts to find the origins of the HIV virus that causes AIDS, the debate has, perhaps predictably, become intertwined with questions of *who* (which race, which country, which subgroup) is to blame for the epidemic. Similar epidemics of dangerous infections, such as the bubonic plague, smallpox, syphilis, and even influenza, have prompted parallel speculation throughout medical history, with members of one group or region blaming members of another. Debates in the fifteenth and sixteenth centuries over origins of syphilis, for example, raged furiously, with the Russians blaming the Polish, the English blaming the French, the French blaming the Italians, and the Italians calling it the Spanish disease (Pucey 1933). While we might think that the medical revolution and the development of germ theory would put an end to such debates, the recent history of AIDS demonstrates a continued concern with imputing blame intertwined with genuine medical concerns about origins. Discussions of AIDS origins by many Western scientists have advanced etiological arguments concerning Haitian and African voodoo traditions, prostitution, drugs, and promiscuity (see Stillwaggon 2003; Goldstein 2001; Watney 1989; Patton 1988), while some German and Russian scientists have speculated about the involvement of U.S. germ warfare and conspiracy theories in development of the virus (Greco 1983; Chirimuuta and Chirimuuta 1987; Chirimuuta, Harrison, and Gazi 1987). Despite the dangers of such blame, origin research and speculation continue since they are seen by some medical researchers to provide the greatest hope for teasing out the information necessary to the eventual development of more efficacious vaccines and treatments.

While medical theories about AIDS origins have been posed in terms open to experimental confirmation and rebuttal and have been presented for scrutiny in scientific journals and conference papers, they clearly make use of themes commonly found in contemporary

legend. Despite the fact that contemporary legend scholars have focused primarily on the origin conspiracy legends, virtually all major medical AIDS-origin theories have been transmitted as rumor campaigns, with various versions relayed through the media and through popular tradition. And while the scientific, media, and popular debates concerning AIDS origins rarely exhibit the “friend of a friend” or similar pedigree consistent with many contemporary legends, they *all* exhibit the effort to make sense of events through narrative, and they all focus on themes we recognize immediately as the “stuff” of legend—contamination, food and sexual taboos, distrust of big business, and conspiracy. The disease-origins debate is a natural context for contemporary legend for two reasons:

1. Resolution of the issue requires accounting for mutation, creation, or transmission of viral agents, reconstructing that series of events, and carrying an audience through that reconstruction (whether the audience be medical-conference participants, a newspaper’s readership, or a peer group). This process, conducted in any of those contexts, is one of story making and narration.

2. The question of origins is by definition a question of the transgression of alien substances (the virus) across categorical boundaries into the familiar; in other words, it is necessarily about contamination. The events are extraordinary, controversial, and they invite debate. They threaten cultural norms and encourage the expression of opinions, variants, and negotiated facts. Under these conditions, the contemporary legend is inevitable: the topic, the format for discussion, and the contexts of meaning lend themselves easily to the genre.

This chapter will look at the contemporary legend-making impulse in AIDS origins debates, both medical and popular, focusing on how narratives and narrative motifs serve to combine epidemiological ideas with notions of primitivism, exoticism, sanitation, contamination, political power, and good and evil. I intend to show the overlapping nature of popular culture and medical culture, demonstrating the narrative core of medical origin theories and the use of a kind of “folk epidemiology” in popular origin narratives. AIDS origin narratives form a complex discourse concerning identity and the construction of “otherness,” a discourse that articulates perspectives on trust and blame, which form the basis of worldviews that ground risk perceptions. When taken as a group and set against the background of medical debates, the narratives from popular tradition

provide a great deal of information on the location and constitution of cultural others, the designation of evil, and the identification of keepers and transgressors of cultural good. As such, if taken as a legend complex, the variety of origin theories provides information that casts light on attitudes toward disease, medicine, and perceived vulnerability.

### Theories of AIDS Origins

Three main scientific theories have continually been put forward in different forms to account for origins of the disease:

1. that AIDS has developed from a natural disease previously existing only in some other species of animal, which has recently managed to infect humans thus triggering the epidemic (Noireau 1987);
2. that AIDS has developed from a much older human disease not previously noted by science, either because it has always been confined to a small group with an acquired immunity or because it has only recently become virulent (deCock 1984);
3. that AIDS is a man-made virus manufactured either accidentally or deliberately in a laboratory (Sabatier 1988).

While these theories have been proposed in a variety of forms with variation in detail, the three types nevertheless account for most of the arguments about AIDS origins found in medical, media, and popular tradition.<sup>2</sup> It is also worth noting that arguments related to all three theories can be found in each tradition. Theories of a man-made laboratory virus are not dependent strictly on popular tradition for transmission and maintenance; nor are the medically more complex theories of isolated case immunity strictly dependent on medical tradition. In fact, one of the more interesting parts of this debate is the facility with which each tradition has speculated about virology, evolution, cultural practice, geography, history, and a massive variety of topics normally requiring some degree of either medical or cultural expertise for even superficial discussion. While some of the narrative and belief material discussed here will not resemble contemporary legend as much as others, the entire complex

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2. Of course, a fourth argument suggests that the HIV virus does not cause AIDS, but this argument tends not to take a discursive form focusing on origin issues.

taken together provides a necessary context for understanding its parts. The theories are closely tied together, overlapping and dovetailing in intricate ways, all of which cast light on the legend-making impulse.

### Animal Theories

The bubonic plague, malaria, and yellow fever epidemics were all traced, eventually, to infectious organisms carried by animals or insects. It has been known for some time that both domestic and wild animals can harbor organisms that can be contracted by and transmitted by human beings. This process is known as zoonosis. Occasionally with diseases contracted from animals, the disease is far more severe in the human host than it was in its original animal source. It is not surprising then that research scientists have looked to the animal world for origins of AIDS. In popular tradition, animal sources also appear to have made sense or at least have filtered down and are maintained in tradition, resulting in a list from the Newfoundland data that includes monkeys of various types, regional origins, and colors (African green monkeys, blue monkeys, red monkeys, green-eyed monkeys, chimpanzees, baboons, tree monkeys, and rhesus monkeys); insects of various types (fleas, flies, mosquitoes, and cockroaches); and finally sheep, lambs, and even the co-rectal gerbil.<sup>3</sup> While the specific types and varieties of each species mentioned in the data have gone through elaboration and variation in tradition, monkeys, insects, sheep, and rodents have all been posited at one time or another by scientists as possible sources for the disease.

The best-known medical argument for an animal source for the disease was the highly publicized "African green monkey theory," published in scientific journals in the mid-1980s and seized upon by the press as "the" original source of the HIV virus. The African green monkey theory was based on the notion that HIV arose in Africa in the 1950s when a virus crossed over from monkeys to humans. The evidence for the theory, most of which has since been retracted, is based on the genetic analysis of viruses isolated from green rhesus monkeys and humans in West Africa and from Asian

3. The co-rectal gerbil refers to another contemporary legend (usually not reported concerning AIDS motifs) in which a gerbil, being used as a sex toy, is found stuck in the rectum of a man rushed to the emergency room.

macaque monkeys captive in U.S. laboratories in 1983 (Henrickson et al. 1983). Since the green monkey and African connections figure heavily in much of the contemporary legend material, it is necessary to explain at least a part of the story of the green monkey theory and its technical basis. In 1983 a California primate research center reported an AIDS-like disease in laboratory Asian macaque monkeys (Henrickson et al. 1983). An attempt was made to trace the virus back to macaque monkeys *in the wild*—with no luck; the virus did not seem to exist in the *wild* Asian monkeys. It was then reasoned that the macaque monkeys may have caught the virus from cage mates of a different species or place of origin. African green monkeys had shared laboratory cages with the Asian macaques and, thus, the search led to African green monkeys in the wild. In 1985 researchers announced that they had isolated a similar virus in African green monkeys, likely to be the source of the virus in the original captive macaques (Kanki et al. 1985). The next step was to look for evidence of a crossover infection in humans from the same geographical area. Blood samples taken from the people of Senegal, West Africa, contained the antibodies, though the people demonstrated no signs of illness (Barin et al. 1985). The fall of the African green monkey theory came, however, in 1988 when a second group of researchers decided to compare the three genetic samples (from the captive macaques, wild African green monkeys, and West African humans) and discovered that they were genetically identical despite the fact that they came from three different species. On rechecking the results, it was announced that contamination of laboratory samples was responsible for the earlier discovery of the virus in the African wild monkeys and the people of Senegal. The African green monkey theory was retracted (Sabatier 1988; Doolittle 1989). Green monkey theory, however, had been by this time so heavily discussed in the media that its retraction was largely missed in popular tradition, in part perhaps because of the technical nature of the contamination explanations. Later research did find that certain simian immunodeficiency viruses (SIVs) are closely related to HIV, particularly a virus found in the sooty mangabey monkey of western Africa, which closely resembles the HIV-2 strain of the virus. Nevertheless, a definite source for the HIV virus continues to elude scientists. Despite the continually compromised status of direct evidence for green monkey theory, it is clear from the Newfoundland data and continued media coverage that it is still by far the most popular theory for AIDS origins.

Animal-source theories require more than simply establishing one or more viruses in animals that are related to the human virus: they also require establishing modes of transmission of the virus to humans in ways that are biologically, culturally, and ecologically feasible. And, thus, we arrive at narrative. Medical, media, and popular tradition have gone to great lengths making up alternative chronologies of events that might explain the modes of transmission. Put more plainly, as one piece of graffiti did, “Just what exactly did they do with that monkey, anyway?” Here, the intensely emotive issues of food, violence, and sex come into play, calling up deep stereotypes and complex symbolic worlds and providing grist for the imagination. Uncooked meat, ingestion of internal organs, sexual contact, blood injection, bites, and experiments all are equally noted in scientific journals and over the dinner table as explanations for transmission. And here, thanks perhaps to Tarzan movies and romantic ideas of safaris through the jungle, we find a portrait of African culture and life assumed or made up and presented as scientific fact—a kind of native exoticism or what one might call “fake ethnography.”

Two medical researchers offered one such explanation to provide evidence for the ingestion of contaminated monkey meat:

Monkeys are often hunted for food in Africa. It may be that a hunting accident of some sort or an accident in preparation for cooking brought people in contact with infected blood. Once caught, monkeys are often kept in huts for sometime before they are eaten. Dead monkeys are sometimes used as toys by African children. (Green and Miller 1986:66)

Sources for this information on monkeys as folk toys are not given, and two African scientists responded to the comment by writing: “The authors do not tell us where they obtained this remarkable information, but the rapidity with which dead animals putrefy in the tropics alone makes nonsense of these assertions” (Chirimuuta and Chirimuuta 1987:72). In 1987, the British medical journal *The Lancet* published a letter citing exotic African sexual practices as a possible mechanism for transmission. The letter described the sexual practices of Africans, noting,

To stimulate a man or a woman, and to induce in them intense sexual activity, they are inoculated in the thighs, pubic region and

back with blood taken from the male monkey (for a man) or the female monkey (for a woman). (Noireau 1987:1499)

The same kind of exoticism appears in popular tradition. From the Newfoundland data, I collected the following story involving transmission through the ingestion of monkey meat:

I heard there was a tribe in Africa which, when arriving upon manhood, the young boys were made to eat the brains of the Rhesus monkey who were observed by the tribesmen to be always (um!) making babies. Therefore, the monkey became the symbol of manhood. Some of these monkeys though had the AIDS virus and humans contracted AIDS.

And another example from the Newfoundland data, this time involving direct transmission through blood:

Monkey's blood was injected into [a] young adolescent's blood as a part of an African tribe's ritual of initiation into manhood. The virus originally came from monkeys. This is the theory speculated by many experts today.

Forms of transmission vary in the narratives, but all seem to recognize that the transfer of bodily fluids is prerequisite to HIV infection. As can be seen from the narrative examples already given, the means of transmission calls attention to exoticism through unusual sexual proclivities, "primitive" social customs, and exotic eating habits. Roger Abrahams sees a similar list as comprising the parts of what he calls the "deep stereotype" in that they refer to the general characteristics by which peoples throughout the world talk about strangers and enemies (1984:34). Here we must note, however, that by virtue of the necessary exchange of bodily fluids prerequisite to HIV infection, it is inevitable that sexual activities and food habits provide a natural theme for constructing otherness. The AIDS contamination narratives remind us of the very reason that our stereotypes are based on such factors.

In reference to monkeys, Abrahams notes, "Surely, our extreme ambivalence about the simian sort is conditioned by our actual identification with them and our feeling that eating them would be close to cannibalism; on the other hand, from the perspective

of popular evolution, designating others as apes is judging them to be like us, but representative of our animal character that we have only recently been able to transcend" (1984:34). A similar ambivalence is reflected in the origin narratives. While monkey meat is ingested and thus becomes a means of transmission, it, most often, is contaminated with other food taboos—it is long dead, raw, or unclean. Perhaps most interesting of all, the meat ingested is often the monkey brain—internal organs being particularly sensitive to food taboos—and, in its image as the home of intelligence, the brain possibly acts to remind us of the evolutionary likeness suggested by Abrahams.

While monkeys are too like us to eat, they are simultaneously too different to engage in close contact. Occasionally, transmission is accomplished in the narratives through a monkey bite, but most often the exchange of bodily fluid is accomplished through sexual activity. This, however, is not as straightforward as it may sound. The simplest sexual explanation would appear to be direct sexual interaction between men and monkeys (bestiality), but a large number of the responses distance the sexual act, by using injected blood or organs, as discussed in the previous examples, or by framing the sexual act as a significant cultural practice or ritual.

One respondent stated, "It originally came from Africa where they have the ritual practice of natives having sex with apes." And another responded, "It came from central Africa where prostitutes sometimes perform sexual acts on animals in ceremonies." Like many of the other responses, these excerpts focus on the act of bestiality as one that finds ritual or tribal approval within the culture. The view, while bespeaking an offensive stereotypical image of African culture, is simultaneously, through its process of "fake ethnography," attempting to understand the behavior as exotic or tribal and as operating within a very different cultural frame. The act is not portrayed as simply deviant but, more sympathetically, as a primitive but culturally meaningful act.

A similar sympathetic, though less exotic, view is taken of transmission between sheep and men. Sheep origin theories surprised me initially when they appeared in the Newfoundland data. Most of the individuals interviewed seemed to believe in African origins for AIDS, and it seemed to me that sheep are not animals normally associated with African life. Sheep are, however, the main animals occasionally heard about in Newfoundland in narratives of local

bestiality. *Blasons populaires* told about the nearby province of Nova Scotia often make reference to the old line, “where men are men, and sheep are nervous.” A cycle of jokes about activities between men and sheep was extremely popular in the mid-1970s in St. John’s, focusing on baymen (people who live outside of the city or “around the bay”) as backward individuals who knew no better than to engage in intimate acts with animals. Bestial acts in Newfoundland constructions of AIDS transmission may simply fit into an already existing category of taboo but nevertheless recognized interaction between men and animals. This explanation is suggested by several of the responses that presented monkeys and sheep as alternative versions of the story. One said,

I’ve heard many origin stories. The first one I heard was about a sailor who’s ship stopped over in Africa and the sailor had intercourse with a baboon. The second story apparently happened in South America—Cuba I think, or in Mexico. A man had intercourse with his sheep. He was a Shepard.

While I could trace no coverage of sheep theories of AIDS origins in appropriate years of the local news sources, such a theory does exist in the medical literature. Several medical researchers have suggested that the human immunodeficiency virus closely resembles sheep and cattle viruses that cause wasting diseases with AIDS-like symptoms. A devastating sheep virus called Visna was successfully grown in human cell cultures in 1962 and has been the subject of a series of experiments in which subhuman primates were intentionally infected (Georgidis, Billiau, and Vanderschueren 1978). These experiments have been mentioned in relation to the possibilities for laboratory creation of the AIDS virus and figure occasionally in discussions of the plausibility of conspiracy theories (Burny et al. 1985; Gonda et al. 1985). While sheep have filled the culturally allotted slot for explanations involving transmission through bestiality in the popular tradition, they fill a different slot of plausible laboratory contaminants in the medical literature.

Forms of transmission that don’t shake up our taboos quite as much are also discussed in the narratives. Insects distance the process of transmission between animals and humans: the mosquito bites the monkey then bites the human and transmits the virus with no need for direct interaction. Insects contaminate, but they do not

break social rules. They cross boundaries, being simultaneously wild and yet making excursions into domestic spaces. Yet, while being equally at home on sheep, monkeys, or humans, they are capable of mediation between animals and men and, as such, become blameless transmitters. In the Newfoundland data, insects do not usually accomplish transmission on their own but rather ensure passage from animals to men. Commonly, the accounts state,

A monkey in Africa had the virus and was bitten by a mosquito. The mosquito bit a human and from there the virus was transmitted through sexual intercourse and IV drug use.

The possibility of insect transmission was, of course, not ignored by the medical literature, forming some of the earliest medical research into animal transmission (Srinivasan, York, and Bohan 1987; Piot and Schofield 1986). Most researchers agree today that while the HIV virus can, in theory, be present in the blood extracted by an insect bite, its presence is likely to be too minimal to allow transmission.<sup>4</sup> One study noted that it would take ten million mosquito bites to pass on enough of the virus to cause infection.

### Isolated-Case Theories

As noted earlier, isolated-case theories argue that the HIV virus has been around for a long time but went unnoticed either because it was confined to a small number of people or because it has only recently become virulent. While this theory takes many forms, its major focus is on the possibility that a small isolated ethnic group had the virus but also had an acquired immunity to it; and, thus, it is only when the virus spread outside the group (where there was no such immunity) that the disease gained the devastating effects that we now associate with AIDS. The pattern is one normally associated with the so-called white man's disease syndrome—European diseases such as measles and smallpox that were responsible for wiping out many previously unexposed native groups in the eighteenth and nineteenth centuries. In practice, the theory evokes reverse sympathies to the white man's disease pattern, however, since an emphasis

4. When an insect bites a person, it does not inject its own or a previous victim's blood into the new victim. It injects saliva. Insect mouth parts do not retain large amounts of blood on the surface.

on Africa and Haiti as the disease source of HIV has provoked accusations of racism and self-serving science. Isolated-case theories nevertheless are seen as scientifically desirable, since any group that might be found to have an immunity to the virus also has the building blocks for the development of a vaccine.

Isolated-case theories have followed two main lines of research. The most obvious line has been to establish the oldest cases of the virus through the retrospective analysis of old medical records and stored blood supplies. A second thread of research has been to locate the earliest areas of high concentration of the virus and test the local population for antibodies.

Although AIDS appeared roughly simultaneously in the United States, Europe, Africa, and Haiti, it was widely assumed by the medical profession that AIDS had originated in Africa, partly because of African links to the cases initially reported and partly because it was believed that such an unusual disease could not have gone unnoticed in the United States (Sabatier 1988).

The first tests of African stored blood samples showed HIV antibodies in over 50 percent of the blood samples taken in Kenya and Uganda in the 1960s and 1970s (Saxinger et al. 1985; Carswell et al. 1986). These tests used procedures much less reliable than those used today and have since been shown to indicate high percentages of false positives. The first erroneous test results, however, implied that AIDS was endemic in Central Africa, and these results received widespread attention in the media. Larger samples, using better testing methods and indicating much lower levels of infection (2 percent) were less well reported (Sabatier 1988:38). The early false-positive results, like the early green monkey research, contributed to confusions and misunderstandings about the history of HIV and its relationship to Africa but nevertheless set the stage for later research.

Once again, the process of medical and media speculation became a storymaking activity, this time focusing on the small African village or tribe carrying the virus for generations and unknowingly becoming responsible for its spread. Stories of where this village might be and who this tribe is became very popular, sending medical researchers off to remote parts of Africa in search of hidden antibodies and reporters off in search of hidden information. One reporter presented his narrative as follows:

Burundi is the very heart of central Africa, and at the core of the AIDS epidemic that stretches right across the continent. Some scientists believe that the AIDS virus originated somewhere among these majestic hills and lush valleys, mutated perhaps from the green monkey, possibly carried unwittingly for generations among the Hutu peasant farmers or the rival Tutsis who now rule Burundi. Over the past 20 years, as huge stretches of the land were exhausted by farming, many thousand of Burundians, among them those who may have been symptomlessly carrying the virus, drifted to the capital, Bujumbura, in search of work. (Prentice 1986)

The narrative continues, suggesting that once in the capital, the men became unfaithful, the women took to prostitution, two international hotels were built for traveling businessmen, and the world AIDS epidemic had begun (Chirimuuta and Chirimuuta 1987:91).

Similar narratives reported in the media cite spurious medical statistics to show the early incidence of HIV. Writing on Kenya, one reporter noted,

In 1980, some of the prostitutes were tested for AIDS at their local sexually transmitted disease clinic. At that time, none was HIV positive. Three years later, 53 percent were and now the figure is believed to be over 80 percent. (Murtagh 1987)

In response, African scientists pointed out that AIDS was recognized only in 1981, and the HIV blood test was not introduced until 1984. Unless Kenya had suddenly become a world leader in medical research, the statistics were completely false (Chirimuuta and Chirimuuta 1987:95). The statistical multiplication of AIDS cases in Africa remains, however, a very significant part of the narrative tradition, demonstrating enormous variation in numbers, resulting in intense exaggeration, and creating plausible-sounding details that ground the isolated-case narratives.

Searches through old medical records and stored blood samples were less controversial and more successful. After searching through past cases looking for instances of combinations of unusual opportunistic infections and, where possible, positive blood tests for HIV, investigators found a small number of possible cases spanning thirty years and three continents. The most publicized of these cases was a

British sailor with Kaposi's sarcoma and pneumocystis pneumonia, who died in Manchester, England, in 1959 (Williams, Stretton, and Leonard 1983). Another early case, less publicized, documents HIV in the Congo from plasma collected in 1959 (Nahmias et al. 1986). The earliest North American case found to date was traced from frozen tissue samples taken from an African American St. Louis teenager, who died in 1969 after reporting AIDS-like symptoms (Garry et al. 1988).

Popular tradition also concerned itself with isolated-case theory, with many of the Newfoundland respondents insisting that the disease had been around for a very long time but had been limited in its circulation. One student said,

I've also heard a plausible rumor that its been around for centuries but was not discovered as AIDS until recently. I see this in tales of strange unexplained illnesses that were much like AIDS and [in] artwork.

Popular accounts, like the medical accounts, noted prevalence in a place as indicative of origin, particularly Africa, and also focused on cases in which there were extant stored blood samples. Note these excerpts:

Since it is so prevalent among people in the countries of Africa, it is likely that it originated there and has been transmitted to Europe, Indonesia, North America, etc. through sexual transmission. How it developed in Africa is not certain. It may be possible that it was always present in members of their population but was limited.

And

It has been recorded of a British sailor who was supposed to have had the symptoms of a person with AIDS 100 years ago but the medical technology at the time did not know this so it may have been [diagnosed] as something else.

Perhaps the most interesting isolated-case responses are formed as narratives concerning medical professionals who had encountered AIDS decades before anyone had heard of it. One of the students noted,

I recently lived in England for three months, and I met a retired nurse there. After getting to know her, she asked me what I thought about AIDS. She told me that while working in England in the late 60's, she worked on a ward where many Jamaicans were dying of AIDS. So my opinion is that AIDS is not a new disease and has been with us for quite some time. Its progress has speeded up with the movements of people all over the world.

The implication in this narrative, as in many of the isolated-case statements, is that AIDS has not only been around for some time but has been kept quiet by the medical establishment. This belief weaves these narratives together with conspiracy theories, which form the most recognizable contemporary legend material in the AIDS origins complex. The bulk of the conspiracy material concerns AIDS as a man-made virus—manufactured or caused either accidentally or deliberately in a laboratory.

### Laboratory-Virus Theory

Conspiracy theories of AIDS origins appear to have surfaced in both scientific and popular sectors around 1986. Books dedicated to the topic, such as Alan Cantwell's *Queer Blood: The Secret AIDS Genocide Plot* (1993) and *AIDS and the Doctors of Death: An Inquiry into the Origins of the AIDS Epidemic* (1988) cite 1986 and 1987 as the pivotal point in the conviction that the disease was laboratory engineered. Renee Sabatier (1988) traces the popularization of the theory to a paper presented at a scientific conference in that year by East German scientists Jacob and Lili Segal speculating that a virus with the properties of HIV could have been created from two other retroviruses, one that attacks sheep (which we have already discussed) and another that affects humans, such as leukemia. While the case was merely speculative, it was taken up by the media and widely publicized. During that same year, the Segals promoted their theory through a pamphlet entitled *AIDS: USA Home-Made Evil*, which circulated extensively throughout English-speaking regions of Africa. The hint that AIDS could have been laboratory manufactured was correlated with information concerning the 1977 establishment of the first military institution devoted to biological warfare in Fort Detrick, Maryland. International media exploded with articles focusing on the conspiracy

theory. On October 30, 1986, the Soviet publication *Pravda* published a cartoon showing a Pentagon scientist handing a soldier the AIDS virus in return for money (Araeea 1986). An Indian magazine followed on February 7, 1987, with the headline "AIDS, A U.S. Military Monster: Yankee Business, Not Monkey Business." (Blitz 1987). In Nicaragua, a daily paper alleged that the United States was using AIDS as a bacterial weapon to halt the population growth of Latin America and Asia (*El Nuevo Diario* 1987). In June of 1987 at the Third International AIDS Conference, a group called the United Front Against Racism and Capitalist Imperialism distributed a broadsheet claiming that AIDS was germ warfare by the U.S. government against gays and blacks (Sabatier 1988:64).

The U.S. government responded. In July of 1987 the U.S. State Department published a report arguing that the Fort Detrick hypothesis was part of a Soviet disinformation campaign designed to discredit the United States prior to international arms negotiation focusing on biological weapons (U.S. Department of State 1987). Despite the assertions of the State Department, Soviet scientists repeatedly argued that they rejected conspiracy theories that AIDS was manufactured in a U.S. laboratory and the Soviet Academy of Scientists refused to even respond to the accusations. The disinformation campaign idea never really caught the public imagination, but the conspiracy theory had. Renee Sabatier, in a book entitled *Blaming Others: Prejudice, Race, and Worldwide AIDS*, summed up the African and Haitian interest in conspiracy theories as a kind of counterblame:

The asymmetry of AIDS origins research has left a breach into which conspiracy theories can march. If the Africans often see in Western discussion of an African origin of AIDS a wish to blame the epidemic on Africa, so many thirdworlders have found an attractive counter blame theory; that AIDS was unleashed on the world by Germ warfare experimentation in the US Defence Department Laboratory at Fort Detrick, Maryland. (1988:63)

In Africa and Haiti the notion of AIDS as a U.S. government conspiracy to exterminate blacks filled the local press, the works of local artists, and the conversations of local people. Paul Farmer, writing on AIDS and accusation in Haiti, quotes large numbers of Haitians

and Haitian Americans who believed in the U.S. conspiracy theory. One Haitian man Farmer interviewed said, “The Americans have always resented Haiti, ever since 1804. Being strong, they can punish us, humiliate us. The AIDS thing was the perfect tool” (1992:232). Farmer describes a group of Haitian teenagers attending Boston public schools who asked a teacher whether or not she thought U.S. officials had introduced AIDS to Haiti on purpose. The question was turned back to the teens. Of seventeen, sixteen replied, “On purpose”; one replied that he was not sure (233).

AIDS-conspiracy theories also pervaded popular culture. A song written by a Haitian group called the “Coordination of Progressive Artists” includes the refrain:

The Americans made AIDS in their laboratories,  
Faithless, lawless scoundrels  
They made us carry the cross  
Together with the FDA  
and a bunch of other worthless people  
they nailed us upside down. (Farmer 1992:231)

Another song composed by two Haitian artists, titled “FDA, You’re Crazy,” contained this second verse:

It’s true our country has no money  
It’s true our country’s full of poor people  
But you know all too well that you’re the cause of this  
You’re the ones who brought us drugs  
You’re the ones who invented AIDS to kill off black people  
To hold onto your power, rule all nations. (Farmer 1992:231)

African journals also reported high numbers of people who believed in the U.S. conspiracy theory, and the journals themselves continued to publish information, interviews, and ideas to support the theory. The journal *New Africa* published a special issue in April 1990 entitled “Africa and the AIDS Myth.” It reports,

In 1969, the US Department of Defence asked a budget committee of congress to allocate 10 million for research to produce an artificial virus which could destroy the human immune system. According to the Pentagon spokesman at the committee meeting,

consultations with outstanding scientists had already been held. All further details were declared secret. (Versi 1990:12)

While African and Haitian popular culture and presses clung to the U.S. conspiracy theories, most social scientists argued, as did Sabatier, that this was a form of counterblame, not popular outside of the developing countries initially blamed for origins. It was clear, however, that African American and gay presses in the United States were also interested in the conspiracy theories. In the African American community, Spike Lee, among others, continually voiced the theory that AIDS was an attempt by the U.S. government to kill off minorities. Likewise, gay periodicals continuously carried letters to the editor suggesting everything from transmission by a chemical agent sprinkled on the floors of bathhouses by government officials—where barefoot homosexuals would absorb it into their skin—to tainted KY jelly, contaminated by the Center for Disease Control (Altman 1986:43). Most of the authors writing about African and Haitian conspiracy-theory beliefs allow for the popularity of such beliefs in the African American and gay communities but generally noted that these communities also suffered accusations of responsibility for epidemic transmission. Farmer wrote,

African Americans have also found such theories attractive, and they have received regular attention in the gay presses of NA and Europe. But it seems that the chief purveyors of the “conspiracy theory” initially attributed to *Pravda*, have been Haitians and Africans, in other words precisely those who have been themselves accused of introducing AIDS or HIV to the industrialized West. (Farmer 1992:234)

Paula Treichler, one of the first to write on popular beliefs about AIDS origins, notes that conspiracy theory beliefs make the most sense in developing communities:

The notion that AIDS is an American invention is a recurrent element of the international AIDS story, yet one not easily incorporated within a Western positivist frame, in part, perhaps, because it is political, with discursive roots in the resistance of colonialism; the Western response, accordingly, attributes it to ignorance, state propaganda or psychological denial. (1989:43)

While Farmer and Treichler are most likely correct in their analysis of the conspiracy theory as gaining its greatest strength in the African and Haitian scenes, Treichler's assumption that it is not also incorporated into the general Western response to the disease is more questionable and, as mentioned earlier, appears to be an observation better suited to official and not necessarily vernacular discourses. The counterblame argument, asserted by Treichler, Sabatier, and Farmer, suggesting that the chief purveyors of conspiracy theories are those who have themselves been accused of responsibility for the disease, frames conspiracy belief as defensive, thereby diverting attention away from the more general message of medical distrust. Knowledge, belief, and attitude studies demonstrate, as Farmer and Turner (1993) suggest, a significant belief in AIDS conspiracy theories within the African American and Haitian American communities in North America, as well as in other communities disproportionately affected by the disease. Herek and Capitanio (1994), for example, found, in an extensive national telephone survey administered in the United States, that 20 percent of African Americans and only 4 percent of white Americans believed the government was using AIDS to kill off minority groups. Subsequent questions, however, revealed that nearly one-half (43 percent) of the African American respondents and over one-third of white respondents (37.1 percent) believed that information about AIDS is being withheld. While the difference in the two figures is attention grabbing, we should not let it obscure the startling information that more than one-third of those surveyed indicated a lack of trust in government and medical officials in relation to the AIDS epidemic. The Newfoundland data support these figures, revealing a not insubstantial number of reported conspiracy beliefs.<sup>5</sup>

In Newfoundland the unleashing of the virus is blamed occasionally on older enemies, such as Germany or Russia. Hitler stories, for example, are common among these. One woman said,

It was one of Hitler's mad schemes gone astray. His scientists developed a virus to attack the enemy who in his opinion were full of

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5. The Newfoundland origins data do not lend themselves to statistical analysis as the data were collected in a number of formats over a long period of time; nevertheless, a conservative guess based on the more consistent questionnaire material would be that conspiracy beliefs are present in about a quarter to a third of the surveyed college-age population.

homosexuals. The virus would kill off the army. The plane used to transport the virus crashed in Africa.

But, the majority of the Newfoundland conspiracy theories blamed Western medical or government officials, particularly those from the U.S. Consider the following excerpts:

I think it was a CIA plan that backfired to bring down the population of Africa thereby eliminating a threat to the USA.

Some sick scientist invented it to curb the sexual activities of the populations of the world.

I heard a friend remark that he thought AIDS was political control. He thinks that perhaps the [U.S.] government has a cure but will not release it because AIDS is acting as a population control. Economic situations are bad in many places and the government sees AIDS as a way to reduce the burden of a high population.

The Newfoundland versions of these narrative themes may be a form of counterblame as Sabatier and others would have it. While Newfoundlanders have at no time been accused of responsibility for the disease origins, the province has been pinpointed as having a disproportionate rate of infection, and scientific speculation over time has even suggested that there might be a localized strain of the virus (an idea which was later dropped). Treichler's suggestion of resistance to colonialism may also explain the popularity of the local AIDS conspiracy theories. Certainly, Canadians are sensitive to what they see as colonializing attitudes of our "neighbours to the south" (the United States). It is worth noting that the conspiracy narratives are most often targeted at the U.S. government or at political and medical power in general; the Newfoundland data included no versions that implicated the Canadian government specifically. Newfoundland itself has had a long history of colonialism and even now, over fifty years after confederation with Canada, continues to lack a full sense of belonging in its host country. Further, as a traditionally poor and isolated province, political alienation is rife. In this context, looking back at the corpus of origin narratives in a more holistic sense may be instructive in understanding the role of poverty and isolation in AIDS-origin beliefs.

Newfoundland responses concerning Africans and green monkey transmission were certainly heavily stereotyped and exoticized, like so many of the “scientific” speculations about African origins, but they were simultaneously sympathetic, often going out of their way to directly state concern. One woman followed her narrative concerning African isolated cases by saying,

But I do not have any prejudices against my black brothers and sisters in Africa and feel sorry that they have such hardships because of poverty, lack of education and medical care and health products. We owe it to them to help because we have so much and so many things in our country to share.

Another said,

You know it might have come from Africa, but I’m sure that they will find that vaccines or something, manufactured in the US put it there. You know, blame the poor, blame the little guy.

Africans clearly represent a foreign “other” in the narratives, but they are not nearly as foreign in their “otherness” as are the politically powerful. Government and medical officials, on the other hand, are depicted as evil, deceitful, and deranged; and their activities are described as devious and murderous. Despite the stereotyped racist undertones, the Newfoundland sympathies are clearly with their depiction of what they describe as the unsanitized, poor, and uneducated African, and their distrust clearly lies with the oversanitized, wealthy, and overeducated bureaucracy. As Treichler and Farmer suggest, these sympathies are based on some very real historical facts. Newfoundlanders are not strangers to the poverty, lack of education, and lack of health care they portray in their narratives of Africa. As noted in the introduction to this volume, in many Newfoundland communities access by road, electricity and plumbing, schools and hospitals are fewer than three decades old. In this sense it should not surprise us that the narratives portray a sympathetic view of the “primitive” African and a distrust of government and the academy. As Turner notes in her discussion of African American conspiracy beliefs, “the fact that some informants maintained that the intended targets of the conspiracy include others [not of their group] . . . suggests that a certain solidarity might

be emerging among groups traditionally at odds with the system” (1993:162).

But even if Newfoundland supports Treichler’s view of the conspiracy theory as resistance to colonialism, what can we make of the popularity of conspiracy theories within majority American and Canadian society? What, for example, about the distrust of AIDS information reported by that one-third of the American population in the Herek and Capitanio study? Treichler’s argument, that the narratives are grounded in resistance to colonialism, refers to a very specific political experience; if broadened, the argument suggests the simple prerequisite of insecurities concerning those in positions of power. As political insecurities increase, conspiracy beliefs seem to also increase, and a decrease should accordingly create fewer such narratives. Likewise, partisan politics should locate the tradition in specific pockets of society, those that are currently apprehensive of the people in power.

But to stop there demedicalizes the problem. AIDS conspiracy theories and their attendant beliefs are not solely about government genocide but also about medicine as warfare, purposeful disinformation, and the withholding of drugs, treatment, and knowledge by those who serve as gatekeepers of life and death. The theories articulate substantial medical distrust, perhaps tied to the Tuskegee experiment (discussed in earlier chapters), perhaps tied to any number of ethically scandalous medical and scientific research projects that have been reported in the news years after their damage has been inflicted.

After the ARVC genetic study in Newfoundland<sup>6</sup> and due to the publicity about the relative isolation of the gene pool, numerous stories about “medical vampires,” intent on gaining samples of Newfoundland blood for genetic testing, have entered circulation. Medical experimentation is a local growing concern. Perhaps the distrust is tied to the current consumer/business model of health care, a model that Canadians see as threatening social medicine. Perhaps the distrust is linked to simple professional elitism, particularly in a place where employment has been ravaged by the death of the fishery. The articulated insecurities expressed in the conspiracy theories draw a frightening picture of medical professionals. That picture is echoed in numerous contemporary health legends. When

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6. This study is described in chapter 1.

narratives depict the theft of kidneys for an organ-transplantation black market or individuals drugged by medical students for new cadavers, the overall concerns speak even louder. Legends are often best understood when taken together, as a series of dovetailed meanings. Medical distrust is a problem, not just in terms of origin beliefs but in terms of public health. The problem, as Herek and Capitanio note, is that “the effectiveness of a message depends, in part, on the credibility that recipients attach to its source” (1994:365). AIDS-education programs and risk-management programs are unlikely to have an effect if targeted populations doubt the veracity of medical experts. AIDS-origin narratives clearly depict a crisis of confidence.

Conspiracy theories are part of a larger complex of narrative blame for disease origins. Fully understanding a part of the complex requires understanding the whole, not so much as alternative narrative types and motifs, but as a collective indication of how disease discourse constructs and is constructed by concepts of cultural otherness. The conspiracy theory makes a different kind of sense if seen in historical and narrative context as a reaction of counterblame, but it also takes on new meanings when seen next to other origin narratives as part of a worldview that assigns characteristics of foreignness and trust.