

## From Rumour to Risk: The Human Cost of HIV/AIDS Conspiracy Theories

Imagine discovering that a life-saving medication exists... only for everyone around you, (and possibly even yourself) being too afraid to trust it.

For many Black men who have sex with men, conspiracy theories about HIV/AIDS are not just rumours; they're obstacles to survival (Brooks et al, 4-5).

Conspiracy theories run rampant through our society's media, especially when it comes to our health. We want what is best for ourselves and our loved ones, so when suddenly your friend on FaceBook posts about how "vaccines are giving our children autism," we are right to be concerned without further context. However, with one Google search, you can find a ton of information debunking that theory.

Another theory that often gets overlooked is that HIV and AIDS is a deadly virus that was injected into gay men by the CIA in order to wipe out the homosexual and Black population. They believe that the US government had injected HIV/AIDS into gay men while injecting the hepatitis-b experiment vaccine (Time, 2008). Another similar conspiracy theory to this is that HIV/AIDS is man-made in order for big pharmaceutical companies to make expensive yet harmful antiretroviral drugs to put on the market (like Pre-exposure prophylaxis – or PrEP for short). This allows people to believe that HIV/AIDS is harmless or can be passed through certain contraceptives, such as condoms (Van Prooijen and Douglas, 899). However, most scientists actually believe that HIV and AIDS in fact originated from monkeys, jumping to humans sometime during the 1930s (Time, 2008).

A survey of African American church members from the Southern Christian Leadership Council found that 35% thought that HIV/AIDS was a form of genocide and 34% believed that HIV/AIDS was a man-made virus. HIV/AIDS specialists say that even though there is no scientific evidence for these beliefs, many African Americans see a parallel between HIV/AIDS and the Tuskegee syphilis experiments conducted from 1952-1972 (Goerztel, 731-732).

Why are individuals inclined to believe these theories even though so much information proves them wrong? Why do these theories even originate in the first place? What is the purpose of these theories?

To understand this concept, I will be looking at the conspiracy theories that revolve around HIV and AIDS, impacting the sexual health of many men (especially gay Black men) and our theories about government control.

Ever since 1981, when the Centers for Disease Control and Prevention first reported the HIV/AIDS epidemic, there have been rumours spiralling about its origins and consequences, embracing some high-profile believers.

One of these believers was the South African President Thabo Mbeki. When discussing the theory, he disputed that the disease came from Africa and instead argued that the disease came from the US government manufacturing it in military labs (Time, 2008).

The fear that such a deadly disease originated in your country or near your country runs strong, and if the world believes it, there can be severe ramifications on your country's social and economic standing with the rest of the world. That's why I personally believe this may be more of a case of saving face, even though it caused many consequences.

Another high-profile individual who spread this theory is Kenyan ecologist Wangari Maathai, who discussed it just after winning a Nobel Peace Prize, saying that the disease was created by "evil-minded scientists." However, soon after, she retracted the statement, saying that it was taken out of context. She had meant to pose alternative theories to counter the idea that some Kenyans had that it was a curse from God (Gibbs, 2004).

Many other believers point to Richard Nixon, who, 10 years before the rise of the epidemic, had combined the U.S. Army's biowarfare department with the National Cancer Institute in 1971 (Time, 2008).

It is important to define what a conspiracy theory is before we go any further. A conspiracy theory is an "[explanatory belief] about a group of actors that collude in secret to reach malevolent goals." (Van Prooijen and Douglas, 897). This definition tells us that a conspiracy theory must have three specific criteria: the first being that the theory has another explanation, the second being that the theory must target an individual or group, and the third being that the theory is created to harm the target individual or group. It is also important to recognize that conspiracy theories have two key insights according to Van Prooijen and Douglas. The first is that, no matter what conspiracy theory you believe in, belief in conspiracy theories follow the same psychological processes. The second insight they bring up is that conspiracy

theories are also strongly influenced by their social environment. Beyond these two key insights, Van Prooijen and Douglas say that conspiracy theories are “*consequential, universal, emotional, and social.*” (Van Prooijen and Douglas, 899).

When we say that conspiracy theories are consequential, I mean that conspiracy theories are not only consequences of what we say and believe, but they also are the cause for many negative consequences. For example, due to President Mbeki’s outspoken beliefs about HIV/AIDS, between the years of 2000 to 2005, approximately 330,000 South African people died from the governmental decisions to not implement antiretroviral treatment programs (Van Prooijen and Douglas, 899).

Conspiracy theories are also universal, meaning they are not just limited to one part of the world. When we think about conspiracy theories, we often think of the ones that impact the West, especially those that impact North America. However, when we look at the HIV/AIDS conspiracy theories, they take place in other countries, such as South Africa as well as the United States. The span that this theory takes over the world is thousands of miles apart, yet is still just as impactful in both countries. It is also universal in social settings. Different cultures and societal groups have different conspiracy theories that harm other cultures and groups. When we look at the theory that “vaccines cause autism,” we often would associate that with a more white, middle to upper-class belief. When we look at the HIV/AIDS theories on the other hand, that impacts both the Black and LGBTQ+ communities.

Conspiracy theories are emotional in how they are spread. Most are spread with harsh language and often target something we find stressful or hard to talk about and understand.

A big example of this is the conspiracy theory that 9/11 was an inside job. This may not be a scientific conspiracy theory, but it works very well as an example. It is normal for humans to want to feel in control and to understand stressful situations better. When we look at 9/11, it was a traumatizing and scary terrorist attack with many people feeling the hurt and fear that comes with that. To understand better what is going on, research has shown that people will listen to ideas that there are threats everywhere and that secret groups are working behind the scenes to create detrimental events (Van Prooijen and Douglas, 901).

I think that emotion plays into the HIV/AIDS theories through emotions such as fear and anxiety, distrust and anger, and empathy and bonding. When it comes to fear and anxiety, it is fair to not want to be ill and to catch a disease. HIV/AIDS is life-threatening, it would be odd to

not fear contracting the infection or even it leading to death. As well, our world is full of systemic inequities, and marginalized groups that are often ignored or mistreated by authority can allow people to continue to spread these harmful theories out of anger and distrust. Finally, I believe that sometimes it is easier to believe others' experiences and stories over facts, especially when facts feel scary or disconnected from your life. The pathos between people who experience similar things to you can be strong, causing empathy and bonding within a group.

When I talk about conspiracy theories being social, I mean that “they reflect the basic structure of intergroup conflict” (Van Prooijen and Douglas, 902). Intergroup conflict is a conflict between different social groups. Cooperation within groups is one thing, but cooperation between other groups can cause tensions, leading to a larger intergroup conflict (Böhm, Rusch, and Baron, 947). According to Van Pooijen and Douglas, there are two motivations that drive intergroup conflict. The first is to uphold a strong ingroup identity. This means that people will worry about possible conspiracies when they feel very connected with the prospective victims of these conspiracies. The second motivation is to protect against as possibly hostile outgroup. These outgroups often have either a threatening quality (in this case it would be governments or other authorities) or a stereotype that allows them to be a scapegoat where believers in a conspiracy theory are validated (in this case it would be a minority). These two motivations work together to have strong stances regarding a group's identity and threats. This allows those who are related to the group or in the group to feel more secure in believing the conspiracy theory as fact. This can lead to a strong and polarizing “us versus them” mentality amongst different groups and social spheres (Van Prooijen and Douglas, 902).

All of these four characteristics of conspiracy theories play into the consequences about the HIV/AIDS conspiracy theories.

Conspiracy theories around HIV/AIDS impact the use of antiretroviral drugs (such as PrEP) and the sexual health of men. PrEP is a drug used to prevent HIV in those who are the most susceptible and at risk of contracting HIV through sex or injection. PrEP can help people stay protected from HIV in cases where a condom breaks, is not used correctly or is not used entirely. The Centers for Disease Control and Prevention (CDC) reports that PrEP used correctly can reduce the risk of contracting HIV through sex around 99% of the time while reducing the risk of contracting HIV through injection by at least 74% (National Institutes for Health, 2023).

One might expect that individuals would use PrEP to reduce the risk of contracting HIV, especially given the statistics demonstrating its efficacy. However, as we have learned, conspiracy theories and misinformation continue to be spread and continue to harm people that are most receptive to contracting the disease.

According to Brooks, et al, believing these conspiracy theories actually do lower the use of PrEP in Black men who sleep with other men (referred to as MSM). This does happen, not just when it comes to conspiracy theories regarding the belief that HIV/AIDS is a genocidal tactic used by authorities, but when there are preconceived notions about HIV medications already in the individual's beliefs. In their study, 63% of individuals believed at least one out of eight conspiracy theories regarding HIV/AIDS, almost half (45%) believed at least two or more. This also lines up with the statistics of Black MSM who believe in the genocidal tactic theories. Almost half (47.3% and 46.6% respectively) believe that "there is a cure for AIDS, but the government is hiding it from us" and that "AIDS is a man-made virus." The persistence of these beliefs should be a concern to HIV prevention practitioners and PrEP implementers (Brooks, 4-5).

When these kinds of conspiracy theories swarm our media with false narratives and made-up facts, it is hard to tell what is the truth. It also makes for some harmful consequences that can harm thousands, if not millions, of people. When we look at conspiracy theories regarding HIV/AIDS, we can see that there is so many facts that are stacked against these theories, yet people continue to believe them, risking their health, as well as the health of others.

## Works Cited

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