The digital rhetorics of AIDS denialist networked publics
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Abstract
AIDS denialist publics congregate online, circulating discourses that dissent from mainstream health science, encouraging behaviors that cause unnecessary exposures and premature death. We offer “networked public analysis” as a means to leverage computational research methods to discover the texts that are important to networked publics. From a close reading of the core texts of an AIDS denialist networked public, we illustrate digital rhetorics characterized by empowering interactivity, offering control and stability to persons experiencing the existential suffering that can attend HIV+ diagnosis. We underscore the necessity of communication researchers, health care providers, scientists, and public health officials to consider the existential situations of AIDS denialist publics, which entangle denials of AIDS science with legitimate social anxieties.

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Introduction

Members of AIDS denialist networks circumvent the technical spheres of science by self-publishing information to the Internet, using conventions of Web-based forms of communication to make their cases more persuasive (Smith and Novella, 2007). AIDS denialists’ messages often encourage people to stop taking antiviral medications or to doubt HIV tests (Nattrass, 2013). These behaviors cause premature death, and needlessly create opportunities for new exposures.

Consequently, as a “matter of concern,” there is a need for research that can facilitate the disruption of the discourses of AIDS denialist networks, and the “manufactured scientific controvers[ies]” they perpetuate [1]. Based on current theorizations, productively engaging science denialists requires meeting them at their own terms of argument (Ceccarelli, 2001), avoiding the impulse to simply declare the incorrectness of their beliefs (Coleman, 2018), and recognizing the plurality of beliefs that exist across publics of health and science (Keränen, 2014). Pragmatically, because persuasion is a phenomenon that involves risk to ego, there are good reasons to remind ourselves of the need to demonstrate concessions to denialists and quacks, rather than to dismiss them wholesale.

In this article, we pursue the dirty argument tactics and deep beliefs (Biddle, 2018: Lynch, 2010), which characterize an AIDS denialist public’s rhetorics. By borrowing computational methods of network mapping developed in social scientific paradigms of research (e.g., Maier, et al., 2018), we leverage automation to discover and bound rhetorical analysis of an AIDS denialist public. That is, where strictly social scientific studies tend to be interested in describing the “big picture” of what is discussed within a given network, we are concerned to unpack the specific, situated meanings wrapped up with how things are said in that network. Network mapping helps to bound the complex constellation of texts that form a public. Rhetoric helps to understand the sorts of communication that happen within that networked public. Discovering how a particular issue is discussed within a given public can reveal insights regarding new possibilities of communication, facilitating a productive engagement with misunderstandings of science
while demonstrating an awareness of the “most becoming of terms,” endemic to that public [2]. This mixed approach we call networked public analysis. From our rhetorical analysis of the AIDS denialist networked public’s core texts, we illustrate that the messages that circulate within it involve existentially complex appeals to identity, anxiety, and autonomy, motivating denials of scientific consensus. Specifically, we illustrate that the digital rhetorics circulating in the network function by appealing to control and stability by entangling social stigma with capitalistic conspiracy narratives to forward interactive Web aesthetics ported to persons in states of existential suffering.

HIV/AIDS denialism: Science and conspiracy

Acquired immunodeficiency syndrome (AIDS) was not recognized as a unique disease until the early 1980s. Although these early days, it was associated with the moniker “gay plague,” but by the mid-1980s, AIDS was identified as a bloodborne disease, rather than the immunological consequence of “lifestyle” choices [3]. By the mid-1980s, AIDS was learned to have been caused by human immunodeficiency virus (HIV), a type of “retrovirus,” which infects vital utility cells in the body — primarily CD4+ T-Cells — integral to the regulation and growth of essential components of the immune system, necessary for adaptation to infections [4]. In 1987, azidothymidine (AZT) was introduced as one of the first antiretroviral drugs demonstrated to positively reduce indicators of HIV/AIDS [5]. The year that AZT was introduced — 1987 — is the same year that Peter Duesberg first published his argument that HIV does not cause AIDS in Cancer Research [6]. Duesberg, an accomplished molecular and cell biology professor at the University of California, Berkeley, appeared in his 1987 article to offer an early, but earnest, contrarian view to the cause for AIDS. Eventually, however, Duesberg would become a key figure to AIDS denialist publics (see further: “Duesberg”).

Similar to vaccine denialists’ use of Andrew Wakefield’s retracted article in the Lancet, which argued, falsely, that the measles, mumps, and rubella vaccine causes autism (Kolodziejski, 2014), Duesberg’s writings propel AIDS denialist arguments, by perpetuating a semblance of scientific verifiability for the claim that HIV does not cause AIDS (Epstein, 1996). Since 1987, Duesberg has continued to reiterate the claims that HIV does not cause AIDS and that AIDS is caused by lifestyle choices (rather than a virus), like drug use, including taking antiretrovirals like AZT (Epstein, 1996).

Disagreeing with Duesberg, and the various offshoots of the AIDS denialist position, is the broader scientific community. While they add careful nuance concerning antiretroviral treatments (e.g., potential toxicity or pill fatigue), AIDS researchers acknowledge substantial increases in positive health effects resulting from antiretroviral treatment. For example, median life expectancy, post-diagnosis, increased from approximately one–two years in the early 1980s (before antiretroviral treatments) to approximately 53 years [7]. Consonantly, HIV is also widely recognized as “the causative agent of AIDS” [8]. Therefore, contrary to AIDS denialists, the scientific consensus on HIV/AIDS is that HIV tests are useful for diagnosing the disease and that antiretrovirals can help to control infection.

Critical to our discussion is that denials of scientific consensus require conspiratorial narratives (Harambam and Aupers, 2015; Diethelm and McKee, 2009). As will be elaborated in our analysis, for example, denials of AIDS science are unlocked by a conspiratorial narrative of capitalism, which imagines that the independence of individual researchers contributing to scientific consensus is a ruse, covering the fact that scientists are conspiring to orchestrate the efficacy of a master plan, hidden behind a paywall of expert peer review. “AIDS, and the antiretrovirals designed to ‘treat’ the disease, have been engineered by the powers that be to keep people sick, rather than to make them better, in order to make money.”

Such conspiratorial narratives do not emerge from a vacuum, however. The conspiratorial rumor that HIV/AIDS was manufactured as an agent of genocide aimed at African Americans, for example, has a longstanding history of circulation and is given obstinance by legitimate distrust of public institutions of health in the U.S. (Heller, 2015), resonating with existing disparities of health, historically shaped by events such as the Tuskegee syphilis experiment (Ball, et al., 2013). As Cohen (1999) points out, there are also “crosscutting” difficulties of uptake regarding HIV/AIDS, which she illustrates as stymied in African American publics by stigmatic associations of HIV with “narratives that emphasize the ‘questionable’ moral standing” of drug users and homosexuals [9]. It is from this background that our coming analysis should be read, for the conspiracy of stealth capitalism we will describe is interwoven with, and emerges from, intersecting histories of oppression, identity, and privilege.

In fact, activists, sensitive to the entanglements of identity and cultural values in HIV/AIDS science, have voiced compelling concerns since the 1980s and 1990s regarding the fact that questions important to the HIV/AIDS community are not always represented in the designs of HIV/AIDS drug trials or therapy protocols (Epstein, 1996),
marginalizing the voices of the people those drugs and protocols are meant to serve. Consequently, persons have responded by practicing their own lay expertise (e.g., by learning chemistry or biology) in order to wager epistemic challenges to the practice of mainstream AIDS science, characterized by “suspicion of biomedical claims making; an emphasis on empowerment and a repudiation of ‘victim’ status; a push toward greater equality in the doctor-patient relationship; and the demand for a greater role for patient groups in determining research priorities, assessing research findings, or making regulatory or policy decisions on the basis of those findings” [10].

Taking AIDS science into one’s own hands, in other words, should not be flatly associated with the work of conspiratorial quacks, for, as demonstrated by history, it can also be the practice of activists, demanding appropriate treatment. The marginalization of HIV positive persons persists contemporarily in the form of HIV criminalization, or the prosecution of HIV positive persons regarding their sexual practices and HIV status disclosure. Despite the lack of demonstrable effect on reducing transmission, such policies and practices persist, perpetuating social anxiety, contributing wariness to the public imaginary of health institutions (and legal entities) regarding HIV (Mykhalovskiy, 2015), “ser[v]ing as vestiges of fear and misinformation about HIV transmission” [11]. Put tersely, while we recognize that the conspiracy narratives of AIDS denialist publics are untenable, it is vital to recognize that there are also legitimate concerns that resonate with, and motivate, suspicion of mainstream AIDS science.

Existential suffering in HIV/AIDS discourses

HIV+ diagnosis carries repercussions for a person’s relationships, work-life, and social reputation. Fear of stigma and ostracization, job loss, and social alienation are outcomes identified across studies of HIV+ diagnosis and disclosure (Evangeli and Wroe, 2017). Persons living with HIV express concerns over their mortality and chronic illness (Moskowitz, et al., 2013). Enduring feelings of shame, depression, suicidality, excessive drug and alcohol use, and “submersion of the HIV infection diagnosis” are common for HIV+ persons [12]. As such, HIV+ status can carry threats of “existential suffering” (Kissane, 2012), which is, among other things, characterized by threats to control and stability. As our analysis will show, the digital rhetorics of AIDS denialism offer personal connections and endless information as avenues of toward solace, stability, and, ultimately, feelings of control in the face of existential suffering.

The impulse to dismiss the quackery of AIDS denialist claims is an understandable one. Martin Buber (1965), however, reminds us that the human condition is one defined by human relationships — dialogue between persons. As Buber (1965) compellingly posits, we must each aim toward “response-ability”: to heed the call of the other, in so far as we turn toward the other in a sincere attempt to connect with them. To recognize the existential suffering of AIDS denialist publics, moreover, is not just a means to discovering effective means by which to disrupt denialist arguments; it is also a more responsible way to approach fellow persons with genuine stakes in the world.

Extant work on AIDS denialism online has examined prominent deniers and groups of deniers, and the lines of argument they employ to undermine scientific consensus on HIV/AIDS, which include conveying “science as faith and consensus as dogma” as well as “expert opinion and the promise of forthcoming scientific acceptance” [13]. But, this work does not discuss the complexities of identity and existential situation involved in those lines of argument, nor does it pursue very deeply the digital rhetorics that characterize the texts of AIDS denialist publics.

Our task, therefore, is to discover how reasonable social anxieties can be leveraged toward denials of medical science in AIDS denialist publics, or the meeting spaces in which persons participate with one another via shared texts (Warner, 2002). To do so, we will map and analyze the texts that interlink with one another on the Web to constitute an AIDS denialist networked public. Before this, we theorize the import of networks to the study of health science denialism.

Health science denialism and networked public analysis

Before the Web, there were brighter lines between the personal spheres of private belief, the public spheres of policy, and the technical spheres of science (Goodnight, 1982). After the Web, how and where science is “done” is no longer
bound to the pages of technical journal articles and conference proceedings, written by experts; science is also deliberated, critiqued, and rebuked by non-experts on blogs, personal Web sites, social media, and in the comments sections of news sites (Coleman, 2017, 2015). In the context of health, this can be useful. “Are they just selling me more pills?” However, as Kata (2012) points out, in the context of anti-vaccination discourses on the Web, the blurring of deliberations of personal value and technical science can also be problematic. She observes a “postmodern medical paradigm,” in which patient empowerment, and a general suspicion of the scientific and medical enterprise, is facilitated by the ability of persons to seek out “other opinion[s] among many” [14] as they deliberate on the treatments that are best for them. Within the postmodern medical paradigm, the validity of a claim is evaluated on its technical, expert merits, but also weighted in deliberation, is the resonance (or not) of that claim with the values of the medical consumer (Kata, 2012). The Web, and its fundamental design as a decentralized network, to which anyone can post documents, then, emerges as the perfect means for pseudoscientific publics to congregate. Composed of arrays of videos, Web sites, blog entries, et cetera, networks of texts — networked publics — afford the appearance of choice to the postmodern medical consumer. Consequently, a fruitful unit of analysis for pursuing the values that undergird AIDS denialist publics is the network. That is, the network(s) of texts in which publics meet online, and the interactions of those texts with one another, affords a means by which to parse the complexities of value embedded in their discourses.

**Networked public analysis**

As a proxy for “reading” the values of a given public, one can discover the texts important to that public and analyze the meanings that resonate, or not, across those texts. The broader term for this sort of analysis is “intertextual” analysis, based in the comparison of texts and the forms of expression that characterize them. This is a well-established mode of analysis in rhetorical studies, and two particular variants inform our approach. Close-textual-intertextual analysis compares specific language choices across multiple texts on the same issue (e.g., Ceccarelli, 2001). Iconographic tracking identifies and tracks various remixed forms of an important image across the Internet, locating its dynamic meanings across publics (e.g., Gries, 2013). What we are calling networked public analysis is similar to these other modes of analysis in that it shares interest in identifying the multiple meanings that exist in the texts of a given public. For our purposes, this is key to understanding how social anxieties and “facts” work together to create compelling messages of AIDS denialism. What makes networked public analysis distinct from these other rhetorical approaches is an added focus on the network itself, its composition, and the specific relationships of texts to one another.

In the way that we are operationalizing networked publics, we are building on boyd’s (2011) definition as “simultaneously (1) the space[s] constructed through networked technologies and (2) the imagined collective[s] that emerges as a result of the interaction of people, technology, and practice” [15]. Where we break from boyd’s development of the term is in our application of a rhetorical lens to better understand the values, logics, and messages entangled with the collective “we” of specific networks. Discovering what discourses thrive (or perish) in a given network is a means to meeting the persons who congregate in those networked publics “where they are,” to take seriously the gravity of the reasons they give for their beliefs, including the digital rhetorical forms those reasons take.

For our purposes, a public and a specific network of texts are synonymous. To visualize a network of AIDS conspiracy texts is to afford visual/spatial representation to the constellation of texts, interacting with one another to create an environment hospitable to some discourses, and inhospitable to others. Finding the forms of communication that “work” within a given networked public is to gain insight into means by which to communicate more effectively, and responsibly, to that public. Concrete examples will follow in our analysis of an AIDS denialist networked public, but briefly, to perform a networked public analysis, there are five steps:

1. Discovery of the network.
2. Analysis of the composition of the network/relationships between texts.
3. Close reading of the nodes/texts in the network.
4. Operationalization of themes regarding forms, narratives, and modalities discovered in the network/clusters of texts.
5. Synthesis of discovered themes with the composition of the network/relationship between texts.

**Discovery** is the phase in which “seed” texts are identified. These seed texts will inevitably possess “outlinks,” or hyperlinks embedded on a Web page that point to other Web pages. (Put differently, this phase involves the discovery of exemplar or important Web texts in order to see what those pages link to, and subsequently to visualize the relationships between those texts into a network.) **Analysis** of the network involves studying the directions of links between nodes in the map, as well as their positions, and whether they as clusters or as solitary nodes on the margins...
of the network. The size of nodes indicates linkage; the larger the node, the more links it has to the wider network. Close reading of the texts that compose a map involves systematically combing through the map to read each node while cataloging unique forms, stories, and modalities of the discourse for each. (As will be seen in the subsequent analysis, rhetorical analysis pays close attention to style and aesthetics, as these work to create specific appeals to audiences.) Operationalization of themes is simply the firming up and definition of the themes discovered in the close readings across the network. Synthesis of discovered themes involves the consideration of the identified forms (e.g., aesthetics and lines of argument), narratives (e.g., conspiracies and myths), and modalities (e.g., visual or interactive) as they exist and relate, and intermingle with one another in the network.

Discovery of an AIDS denialist network

Although one might already have “seed” texts in mind for discovering a network, we used the Google search engine to discover starting points. We searched, “AIDS is a hoax,” “Is AIDS real?,” “HIV lies and deception,” “AIDS conspiracy,” and “HIV conspiracy,” accumulating links to the first 20 results returned for each individual query. After removing duplicate links, we used software that automatically “crawled” each of our 91 seed texts to discover the other texts to which our seed texts linked; then the software crawled those other texts to discover links at another degree of separation [16]. The software then automatically identified the “co-linked” texts in the network, or texts that the seed texts had in common. Our crawl returned 1,802 individual pages, including the seed texts.

Displayed below is a map of the 78 texts from the crawl that possess at least one link shared in common with the seed texts, exposing linkages among texts that might not initially appear to be a part of the same network on prima facie examination of the seed links. We include an interactive version of the map here. The reader can click individual nodes of the map in order to view specific Web pages as well as to view metrics and details about each node within the dynamic legend included to the right of the map.
The reader can locate the relationships between nodes by selecting “links off” within the “links layers” option in the legend of the map, and then clicking a given node to see its linkages to, and from, the network. This is how we tracked discourse from one text to another — following the linkages to the core texts in the network, and carefully examining those linking texts.

**Analysis: Linkages and core texts**

Toward the center of the map is a cluster of nodes that are larger than the rest. The larger sizes of these nodes represent more linkages from the rest of the network. Also, corresponding to their size is the diversity of texts linking to them from the network, and the numbers of links those texts possess. Notice that nytimes.com is a small node (despite having 3,701 links). This is because only two sources are responsible for those links (tig.org.za and scienceguardian.com) and those sources themselves have relatively few links (614, and 16 respectively) from the network. On the other hand, the largest node, theperthgroup.com, is linked to only 885 times, but from at least 20 other texts across the network.

Numbers of links to specific texts and the variation of the sources of those links across the network are metrics indicated by the size of nodes. The larger the node, the more influential we can presume the contents and forms of those nodes to be (Rogers and Marres, 2000). As such, although we are reading all of the texts in the network, our close reading will give special attention to the top five “core” texts, possessing higher numbers of links, and more diversity of linkage across the network. Those core texts are rethinkingaids.com, immunity.uk.org, aras.ab.ca, duesberg.com, and theperthgroup.com.

**Rethinkingaids.com**

“Rethinking AIDS (RA) is a voluntary, open-membership association of people who have signed the petition agreeing that ‘It is widely believed by the general public that a retrovirus called HIV causes the group diseases called AIDS’” (“About Rethinking AIDS,” emphasis added). The petition referred to is included as a link back to virusmyth.com. The petition is on a page entitled, “The Group,” alongside a copy of a letter on behalf of the “The Group for the Scientific Reappraisal of the HIV-AIDS Hypothesis,” calling for a reappraisal of the HIV/AIDS hypothesis, followed by hundreds of signatures (“The Group”). According to the description on the page, the letter has been submitted to a number of leading medical and science journals, but “all have refused to publish it” (“The Group”). In the likeness of most non-profit Web sites, Rethinking AIDS lists board members, organizational tax returns, a donations page, and social media links to “get involved” in the cause (“Rethinking AIDS”).

In a manner that emulates an online outlet of legitimate health science, rethinkingaids.com also includes pages that discuss things like “drugs,” “transmission,” *et cetera*. One of those pages, “Top 10 Papers,” lists 25 technical medical and science journal articles, most of which do not necessarily disagree with scientific consensus, but rather are presented as evidence that calls into question the cultural implementation of the science. For example, one article, located on the U.S. Centers for Disease Control Web site, is cited (Castro, *et al.*, 1992), alongside the claim that: “In Africa people had to be sick (albeit with generic symptoms) but did not need a positive HIV test. In America most people had a positive HIV test but did not need to be sick. Yet the same word ‘AIDS’ continued to be used to describe both situations” (“Top 10 Papers”). One could read the claim as a legitimate critique on global health disparities regarding access to the identification of disease, and consequently, to medication and treatment. The way it is employed on rethinkingaids.com, rather, is from the logic that if low T-cell count is used in the Americas and symptoms of sickness are used in Africa to identify the disease, but nonetheless, treatments are being given, then it is likely because “big pharma” and the scientific enterprise are more interested in giving treatment than in ameliorating disease. Drawing out the conspiratorial narrative that undergirds the claim is a quote included on a page entitled, “Rethinker Quotes” (2019). The quote is included as an “iframe” — a copy of a Web page, embedded within another Web page — that links to aras.ab.ca (another core text from the network). The quote is from the book *Dancing naked in the mind field*, written by Kary Mullis (2000), a Nobel Prize-winning biochemist, known for questioning the relationship between HIV and AIDS.
The conspiratorial narrative undergirding rethinkingaids.com works to support denials of the science by ostensibly dispensing claims that AIDS is the outcome of a mass coordination of illness “or any other absurdity,” while nonetheless sneaking in an assumption of mass coordination, repositioning the blame onto capitalism. That is, according to this narrative, AIDS is not the manifestation of a plan enacted by God to punish sinners; it is the work of swindlers, willing to economically exploit the already oppressed subject positions of sick people. Such a narrative allows persons to be empowered by their subject position to deny the science on HIV/AIDS because it conflates social oppression with misinformation, handed down from the powerful. Denying their science is to deny their power — to take control.

The digital rhetoric of rethinkingaids.com fits with a narrative form that presumes AIDS is a social problem, perpetuated by misinformation. That is, by emulating aspects of non-profit Web sites (e.g., the “Board,” “Get Involved” as well as a legitimate outlet of health science (e.g., “Drugs,” “Transmission”) the Web site itself smashes together conventions of information hierarchy, or the inclusion and organization of information, in a way the harmoniously fits with the conspiratorial narrative that undergirds its discourses. Theperthgroup.com, on the other hand, is the performance of a scientific “think tank,” offering a digital rhetorical contrast.

Theperthgroup.com

Emblazoned in bright blue font on the homepage of theperthgroup.com is the statement: “Due to irreconcilable scientific and ethical differences we disassociate ourselves from the Rethinking AIDS Group” (“The Perth Group”). Despite the ostentatious attempt at distancing itself from RethinkingAIDS, theperthgroup.com still operates from a similar conspiratorial narrative. For example, in a letter to the editor, published in the journal Emergency Medicine Australasia, located on the perthgroup.com, written by Valendar Turner (a founder of the Perth Group), Turner argues that HIV particles have never been documented. The letter cites an electron micrograph image of HIV, which, according to Turner, depicts an object “bearing little or no resemblance to retroviruses” [17]. Included is a URL to the image, located at virusmyth.com. Virusmyth.com reverberates similar claims about the image, stating that, because the image does not depict “pure” HIV, there is no basis for concluding that HIV exists, even going so far as to announce a £1,000 reward to the person who can produce an image of HIV in isolate (“Missing Virus”; see also “The HUW Christie Memorial Prize”). As an argument, a monetary reward for the discovery of “pure” HIV, offers a construction that operates as a refutation of “smoking gun” visual evidence that HIV exists. Specifically, it relies on the assumption that HIV research is monetarily motivated as well as appeals to absolute truth, rather than the arguments from probability that characterize scientific arguments. By constructing the terms in which science must be done (i.e., “purely”) alongside how the science is done (i.e., for “rewards”), the critique that the image is not pure enough resonates with the assumptions of mass coordination on the part of HIV researchers, pushing agendas that support their current research programs, and the money-making drugs that research produces.

According to the homepage of virusmyth.com, the site is “archived by RethinkingAIDS to preserve the work and memory of Robert Laarhoven” (“Homepage”), “a long-time AIDS rethinker and found of the VirusMyth website,” who “died of lung disease in November 2014” (“In Memoriam”). The site itself is styled in the likeness of a personal Web site, “homemade” in appearance, and is textured with harsh contrast between a deep blue background and white font, displaying links to pages with lists of links organized in a hodgepodge fashion. In this case, the “homey,” or informal, site appeals to a sense of authenticity rather than authority. The page’s style as a homage to AIDS conspiracy links emphasizes its relation to other sites within the network, garnering an appeal to a unified community. RethinkingAIDS, if the reader will recall, is the same organization that the Perth Group has avowedly dissociated itself from. However, from examining the network itself, it can be seen that the two organizations still have strong second-degree ties, bridged via their linkages to virusmyth.com. Even if they might disagree about the specifics of the science, it can nonetheless be seen that they all share the same “homemade” aesthetic and conspiratorial narrative of HIV research as capitalist exploitation, manifest in efforts of the powers that be to keep people sick, rather than to treat them. Consequently, they join together in a narrative that promises feelings of stability in the face of uncertainty by offering the “real truth” of it all.
Where the digital rhetoric of rethinkingaids.com works by emulating the information hierarchy of legitimate science and nonprofit websites, theperthgroup.com emulates the aesthetic of a “think tank” site, and virusmyth.com appears as a homemade tribute to the AIDS denialist cause, there are also more procedural digital rhetorics (Bogost, 2007) — or, rhetorics embedded in the collections and processes of information retrieval, wherein user interactivity functions persuasively. Offering this contrast is immunity.org.uk.

**Immunity.org.uk**

Immunity.org.uk is self-described on its homepage as holding a “digitised information base on medical and scientific issues, the IRF website features regular contributions from scientists and journalists about the AIDS debate, challenging the HIV/AIDS hypothesis, and provides access to the AIDS and medical archives of Meditel Productions and Continuum Magazine” (“Immunity Resource Foundation”). Meditel Productions produces AIDS denialist documentaries and Continuum magazine is an AIDS denialist publication. The medical archives offered by the Immunity Resource Foundation, are described as holding “120,000 of Meditel’s research documents” as well as the archive of Continuum’s articles, offering “in incomparable detail, debates that have taken place behind the closed doors of a scientific community” (“Aims of the IRF”). Rhetorically, the framing of the contents of the site as an “archive,” helps to lend credence to their contents. By associating with the practice of creating and curating repositories of information (e.g., as they are practiced in information science), legitimacy is implied to the user. If it requires an archive then there are likely many pieces of content, and as such, in constructing an archive, the Immunity Resource Foundation constructs a digital rhetoric that appears at first glance to be an overwhelming pile of evidence; and beyond this, it can go “deep,” inviting the user to click links, open articles, and to browse at their own discretion. Such a rhetorical framing encourages the user to “discover” corroborating evidence on their own terms, further inviting the user to take on feelings of informed control over their own medical destiny. This control is unlocked by the conspiratorial narrative that undergirds the grander AIDS denialist network. That is, users facing a diagnosis associated with social stigma, and severe threats to autonomy, are likely also more receptive to arguments that they need not suffer stigma, or lose control, for HIV is a construction, perpetuated by exploitative capitalists. “If you need evidence, simply peruse this archive.”

**Aras.ab.ca**

Persuasive interactivity is also employed at aras.ab.ca, the Web site for the Alberta Reappraising AIDS Society. The site emulates the genres of a non-profit site (e.g., “Our Mission,” “Donate”), listing David R. Crowe, “a telecommunications consultant, environmentalist, writer and critic of science and medicine,” as the president (“Home”; “David Crowe”). But, simultaneously, it is styled in the likeness of a personal Web page, replete with harsh contrasts of pastel blues and purples, as well as a visitor counter that, at the time of this study, displays the number of visitors at 3,976,284 (“Home”). Included at the bottom of the page is a discussion forum for users to ask questions of David Crowe. Rhetorically, the inclusion of the forum as an interface (Carnegie, 2009) for users to “test” ideas, adds a sense of open debate, offering presumed stability for David Crowe’s position on HIV/AIDS, in essence, implying: “These ideas can withstand scrutiny!” In reading through the comments, a revelation of how credibility is envisaged from within the AIDS denialist networked public emerges.

Within the forum, acts of citation and authorship are indicators of credibility. That is, in discussing a topic that, for mainstream science, ordinarily demands explanations of credentials — “Are you a PhD or an MD?” — autodidactism, or self-study, is presumed to be sufficient. This is reified by a later comment to a fellow user, who states that they are going to build a similar Web site and would like to learn what the most important sources are. Crowe replies: “I can try to help you, but I can only help you answer questions, I can’t spoon feed you information. I would suggest you start by reading documents, and then posting summaries and links on your [sic] website. You will become much more knowledgeable doing this” (David Crowe). Such a response fits well with the assumption that mainstream HIV/AIDS research is an enterprise of mass coordination on the part of experts to ignore, if not cover over, their efforts to push “HIV=AIDS=Death dogma” (“Home”).

Moreover, the design of the site, in its appearance as a “do it yourself” non-profit organization, willing to debate the general public, leverages digital rhetorical devices to offer control, and self-discovered stability to the user, in opposition to expert-asserted information. The digital rhetoric of aras.ab.ca, invites users to take charge of their medical existence by clicking links and posting to comment forums. Within the broader AIDS denialist networked public, however, expertise is not dismantled wholesale. Duesberg.com offers an example of the “in-between” scientist-denialist ethos that achieves appeal within the AIDS denialist networked public.

**Duesberg.com**
Duesberg.com is the homepage of Peter Duesberg, the University of California, Berkeley professor noted earlier as being an AIDS denier, whose work has offered a semblance of scientific credibility to AIDS denialist claims. The site performs as an academic portfolio site, listing papers, journal articles, books, and media appearances. There is even an offer for a signed copy of Duesberg’s book, *Inventing the AIDS virus*, listed for US$25 (“Duesberg”). There is an Albert Einstein quote included at the top of the page: “The important thing is to not stop questioning” (“Duesberg”). The site also includes martyrized language (which is uncommon for such Web sites). “Prof. Duesberg’s findings have been a thorn in the side of the medical establishment and drug companies since 1987. Instead of engaging in scientific debate, however, the only response has been to cut-off funding to further test Professor Duesberg’s hypothesis” (“Duesberg”).

Of course, many academics have a number of unsuccessful grants. But it is not common to tout those failed proposals as evidence that one’s scholarship is of merit. For Duesberg, it is the opposite. When considered in the context of the AIDS denialist network, undergirded by the narrative that HIV/AIDS is the mass-concerted effort of money-hungry scientists, this statement emerges as one that expresses “in-group” status, on a page that also represents aspects of traditional academic expertise. Such a digital rhetoric, spoken through the adornments of the page, positions Duesberg as a character versed both in the sphere of the scientific mainstream and the sphere of HIV/AIDS “truth.” Like other Web sites in the AIDS denialist network, the aesthetic of the page is “homemade,” and there are opportunities for archival interaction on the part of users, inviting them to click links to particular issues of HIV/AIDS and to read through lists of resources (e.g., “Subject Index”).

There is also an implied interactive element located at the “frequently asked questions” page. While it implies a more “closed” channel of interaction, it nonetheless publicizes exchanges between individual users and Duesberg, helping to facilitate the impression that his arguments are “arguable.” On a page entitled, “Related Sites,” there is a list of Web sites, including rethinkingaids.com and virusmyth.com, further illustrating Duesberg’s participation with the conspiratorial narrative of the AIDS denialist public. By performing as an academic with one foot in academia, and the other in the networked public of AIDS conspiracy, Duesberg’s site invites users to find solace in an expert, who encourages them to discover for themselves that their diagnosis is incorrect, that HIV does not cause AIDS, and that antiretrovirals make people sick. By way of a “homemade” academic portfolio aesthetic, Duesberg achieves appeal to postmodern medical consumers, experiencing existential suffering, not by asserting an expert opinion per se, but by “asking questions” and providing means for users to answer themselves — empowering users to “take the reins” of their own medical fate.

**Operationalization and synthesis: Stability and control as appeals of AIDS denialism**

Based on our close reading, we can argue that the AIDS denialist networked public embraces arguments that obfuscate dense scientific data by mangling it in with the yearning of control and stability — basic human needs, for whom, persons with recent HIV+ diagnoses are likely to feel wanting. Through various digital rhetorics, the discourses of the AIDS denialist network, represent, ostensibly, persuasive arrays of choice to the user in order to appeal to the existential states of persons, generally characterized by:

1. The perception of powerlessness in one’s health — loss of control.
2. The uncertainty of one’s future — the loss of stability.

Ultimately, yes, persons who are compelled by the discourses of the AIDS denialist networked public are largely accepting poor arguments and unreasonable evidence — but they do so, in part, because those narratives speak to experiences of alienation, objectification, and powerlessness. Communication researchers, health care providers, scientists, and public health officials would do well to approach discourses of AIDS denialism with a careful, respectful texture, in which one recognizes that the scientific beliefs of AIDS denialism are academically untenable. However, they are also moored in genuine existential suffering. We are hopeful that future work, informed by this networked public analysis, will explore opportunities to apply interactive appeals of control and stability within interventions, ported to the existential situations of AIDS denialist publics, to inspire physiologically healthy behaviors as well as positive reconciliations of existential situation, rather than to simply declare the incorrectness of facts.

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Notes

5. Gallo, 2006, p. 4.
8. Eisinger and Fauci, 2018, p. 413.
16. This software is generously provided for free by Amsterdam-based, Govcom.org, directed by Richard Rogers, Issuecrawler.net.

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The digital rhetorics of AIDS denialist networked publics


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