

It Spreads Like a Disease – Pandemics and Conspiracy Theories

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This paper analyses what kind of conspiracy theories are generated because of the emergence and spread of diseases. Conspiracy theory narratives that are generated during the different kinds of pandemics – cholera, AIDS and COVID-19 – are described and analysed, with special attention given to COVID-19 conspiracy theories. We raise a conceptual issue for further research indicating that the disease-related conspiracies do not perfectly square with the current psychological interpretations of conspiracy beliefs.

Keywords: epidemics and pandemics, conspiracy theories, disease, monological belief system, conspiratorial thinking

INTRODUCTION

Conspiracy theories frequently follow major disease outbreaks. Rumours and beliefs spread throughout communities during the Black Death, the Italian seventeenth-century plague and the cholera pandemic in the nineteenth century. In the 19th, 20th and 21st centuries, the disease-related conspiracy theories, such as the Spanish flu, AIDS, SARS, or Zika virus, seem to have been gaining more and more momentum and have become one of the most pressing issues during the recent COVID-19 pandemic. However, it should not come off as surprising – conspiracy theories are narratives, explaining events as consequences of malevolent and powerful actors working in secrecy (Barkun 2003: 3–4), thus they tend to proliferate during epidemics and pandemics.

Often the explanations of unfortunate events offered by conspiracist narratives are more palatable than the highly complex official explanations. That does not mean that conspiracy theories are somehow ‘right’, in fact, they are often full of pseudoscientific claims, factual distortions, or actual delusions. However, they do have certain narrative elements which make them believable and attractive to many. Conspiracy theories offer an explanation and a narrative that tends to resonate with many really well during the anxiety-filled times of disease outbreaks. As has been noted by D. Groh, conspiracy theories are not ‘illogical’, in fact, they are extremely, rigidly logical (Groh 1987: 4). Only folk tales and literary texts can compete with conspiracy theories in sense and clarity. From *Beowulf* and *Epic* of Gilgamesh to cheap

romance novels sold at airports, where the world filled with heroes, villains, conflicts and goals is presented in a structurally coherent order, the same kind of tropes and cliches can be discovered in conspiracy narratives.

Among many fears that could be related to such a disastrous phenomenon as the COVID-19 pandemic, the health-related fears are among the most frequent. In the case of conspiracy theories, the seemingly attractive and stark idea that the beliefs in COVID-19 conspiracies are fuelled by fears about one's health has been prominent (Meese et al. 2020). But the health-related fears, that fuel the various conspiracies, are not in direct relation to coronavirus. They are, for example, the conviction that coronavirus was created by pharmaceutical corporations, or that the medicine intended for people with coronavirus actually makes them sicker (Kowalski et al. 2020), or that COVID-19 is a made-up pandemic to cover up the deleterious effects of 5G radiation (Asher Hamilton, 2020). On the contrary, the direct health concerns related to how coronavirus might impact one's health seem to work differently. It has been found that higher levels of conspiracy beliefs are related to lower levels of adherence to the official safety measures (Kowalski et al. 2020). On the other hand, stressing the concerns over one's health as the driving force for conspiracy beliefs does not perfectly square with another, a highly plausible statement that the belief in one conspiracy predicts beliefs in others (Goertzel 1994; Miller 2020; Wood et al. 2012). Does the former idea mean that the fear about one's health is a special condition to follow conspiracist beliefs during the disease outbreaks and pandemics? Or, following the latter rationale, if some are just prone to conspiratorial thinking, does it really matter exactly which fears and concerns drive the conspiracy beliefs? Indeed, if the latter is the case, the health concerns should not constitute any special group of concerns that drive certain conspiracy beliefs.

Thus, the question we raise in this paper is to what extent health-related fears drive the beliefs in health-related conspiracy theories. Are there special properties in the health-related conspiracies that are tailored to remedy exactly the health-related fears? Also, do COVID-19 conspiracies constitute a special case among other health-related conspiracies with regard to health concerns? Our hypothesis is that COVID-19-related conspiracies share many structural features with other health-related and non-health-related conspiracies, and thus do not constitute a special case. Therefore, the fear about one's health is not the main driving force behind the beliefs in health-related conspiracies.

In the first chapter, we will introduce and disclose the main features of three health-related conspiracy theories: the conspiracies related to the 19th century cholera and 20th century AIDS. The second chapter is dedicated to the features of the conspiracies that emerged during the recent COVID-19 pandemic. We will establish a few similarities and few differences between the two groups of conspiracies. In the final chapter, we will raise the issue that it is far from clear how special or general are the health-related conspiracies among other conspiracies.

THE BASIC FEATURES OF CHOLERA, AIDS AND COVID-19 CONSPIRACY THEORIES

Periods following the outbreaks of new deadly and debilitating diseases tend to be marked with emergence of various conspiracy theories. Two great examples of conspiracy theory pandemics following disease pandemics could be the 19th century cholera pandemic and the 20th century AIDS pandemic.

The cholera pandemic started in India, in 1817 and reached China, Indonesia and the Caspian Sea region (Hays 2007: 193). However, since civilised European nations were almost unaffected, the conspiracy theories did not emerge in full swing until the second pandemic in 1830,

when cholera outbreaks reached Britain, Germany and Russia. In Russia, actual riots erupted over the government measures (such as quarantine and migratory restrictions). These riots, known in Russian as *Холерные бунты*, were also fuelled by rumours claiming that the government was poisoning citizens with cholera for its nefarious purposes. The riots reached such levels that, for example, in Novgorod, rioters de facto took over and established their own court (Chadvik 2020). Similarly, disease outbreaks and conspiracy rumours fuelled riots also erupted in Great Britain. During these riots, it was claimed that the government and doctors were purposefully spreading the disease to kill off the weak and the poor and that doctors would get 5 pounds for every patient that they successfully killed with cholera (Cohn 2017: 7).

During the AIDS pandemic in late 1990s, similar issues arose among them – conspiracy theories and pseudoscientific claims about the disease effects and origins. Africa was hit especially hard during the disease outbreak, while in North America and Europe the disease affected LGBT+, people of colour and intravenous drug user communities, especially harshly. The spread of the disease gave rise to two different theories concerning its origins – the conspiracy theory and the pseudoscientific theory. The pseudoscientific theory, espoused by former president of the Republic of South African Thabo Mbeki (Byrne 2005: 2–3), claimed that the HIV virus was completely unrelated to AIDS and AIDS itself was caused by poor living conditions. The conspiracy theory proposed that HIV was deliberately engineered by some nefarious agents for the purposes of destroying populations of ‘undesirables’. Different versions of this conspiracy theory put blame on different entities: such different organisations as the CIA (Heller 2015), the ‘ELITE’ (Cooper 1999: 213–214) and the Club of Rome (Bradley 2005: 32).

In both cases – those of cholera conspiracy theories and those of AIDS conspiracy theories – certain recurring elements might be noted. The disease is positioned as the tool of the powerful and the wealthy to dispose and destroy the ‘unwanted’ – such as the poor, the queer, the black or the drug users. In these conspiracy theories, the disease is also explained as either being created by conspirators, spread by them, or both. These conspiracy theories are not merely interesting folklore or urban legends, they affect people in a specific way and influence them to act in a specific way, which might even take the form of protests and riots. COVID-19 conspiracy theorists have already burned 5G towers (Reichert 2020), while there also seems to be a global increase of violence and aggression directed at healthcare workers (Khan et al. 2020).

COVID-19 CONSPIRACY THEORIES

When describing COVID-19 conspiracy theories themselves, one can get lost. However, conspiracy theories do have certain underlying inner structure, independent of length, complexity or other possible elements. For this reason we chose three COVID-19 conspiracy theories, each corresponding to a class of conspiracy theories (the event conspiracy theory, the systemic conspiracy theory and the super conspiracy theory (Barkun 2003: 6)) as classified by M. Barkun. These are the following:

- the belief that COVID-19 was created in Wuhan Institute of Virology (event conspiracy theory);
- the belief that 5G technology towers are somehow linked with the emergence and spread of COVID-19 (systemic conspiracy theory);
- the belief that Bill Gates is using the COVID-19 vaccines to microchip the population of the world in preparation of the coming new world order (super-conspiracy theory).

The first extremely popular conspiracy theory claims that the COVID-19 virus was created at the Wuhan Institute of Virology and either accidentally escaped the facility or was unleashed on the Chinese population on purpose. Various viral videos of ‘Chinese scientists’ admitting to COVID-19 being man-made have been circulating the internet for some time already. While from the initial reading this theory seems at least somewhat sensible (because the Chinese Communist Party is known for secretiveness, and it would not seem strange for them, or any other powerful actor in their place to hide the ‘true’ origin of the COVID-19 virus if the virus was actually man-made), when analysed by actual virologists, this narrative fails at the seams. Virologist Michael Vorobey and several other scientists signed a letter claiming that the structure of the virus was too messy and complex to have been man-made and shows elements of having evolved in the wild (Cohen 2021), while various aforementioned narratives of ‘scientists admitting that virus was man-made’ turned out to be clickbait and fake news.

The systemic conspiracy theory describing COVID-19 as either directly caused or strengthened by the 5G network (the 5G-COVID conspiracy theory) has also become quite popular, culminating in several acts of vandalism and arson. These conspiracy theories reiterate common fears surrounding new technology. Similar conspiracy theories were propagated during the worldwide adoption of electricity at the start of the 20th century, and during the widespread adoption of cell phones at the end of the 20th century. In all of these cases, it was claimed that new technologies had certain negative biological effects on their users (such as insomnia, dizziness, problems concentrating, attention deficit and brain cancer). Furthermore, such theories showed surprising resilience to attempts to discredit them, simply because any test claiming that electricity, cell phones or 5G networks do not cause any biological effects and do not affect people’s health would be met with open scepticism from the conspiracy theorists. This seems to show an inherent anxiety towards the object of conspiracy theory.

The third, super-conspiracy theory claims that Bill Gates has patented the vaccine for COVID-19 before the pandemics (Pirbright foundation, which is associated with Bill Gates, has a patent for a weakened poultry coronavirus designed to be used for poultry coronavirus vaccine research, but no vaccine for COVID-19 (Reuters staff, 2021)), and would use this vaccine to implant tracking devices (microchips) that would track each and every step of a vaccinated person. Certain variations of this conspiracy theory also claim that the vaccine and the microchip administered through it are akin to the ‘Mark of the Beast’ described in the *Book of Revelation*, and that world-wide vaccination programme is in fact merely the first step of creating a united one-world government (the ‘New World Order’). While these beliefs that Bill Gates is an agent of Satan might seem incredulous to us, they lack this aura of weirdness to people who grew up in a culture supporting these beliefs. There is a fundamental lack of communication caused by the fact that at least some conspiracy theorists seem to live in a different metaphysical reality. Or, to put it bluntly, it is impossible to have a discussion with someone, who wholeheartedly and honestly believes that you are in league with the devil, either as his dupe or as an agent of infernal powers.

As one can see, COVID-19 conspiracy theories follow certain structure: the disease is described as man-made (either as a mass hysteria that does not exist or as a biological weapon); various powerful, either external or internal agents are blamed for the creation and spread of the disease; and it is also claimed that the disease is not a goal in itself, but a tool to implement some other, more nefarious goal. For all intents and purposes, COVID-19 in these

conspiracy theories is described as the tool of the elite to control, manipulate and subjugate those beneath them. Furthermore, these elements of conspiracy theories also seem to indicate that the disease itself is not the only reason why people start to believe them.

THE ISSUE WITH THE PSYCHOLOGICAL INTERPRETATION OF CONSPIRACY BELIEFS

By looking at different disease-related conspiracies the claims that conspiracy beliefs are driven by the health-related fears, and that the belief in one conspiracy leads to the belief in more seem plausible. Indeed, it does seem that COVID-19 (and other disease and health-related conspiracy theories) has certain common elements. All of these conspiracy theories position that a) the disease, if not man-made, is at least being purposively spread by human agents, b) conspirators and their agents have created and/or are spreading this disease with intention of killing as many people they consider undesirable as possible, c) conspirators are seen as wealthy and politically powerful, and their victims – as poor and lacking political power, d) various practices designed and enforced to contain the disease outbreak are considered useless, dangerous and designed to enslave, control or kill people who will follow them (for example, will have medical visits, wear masks, or get vaccinated), and e) conspiracy theorist espousing these narratives identifies with the poor and politically powerless ‘undesirables’ that are targeted by the conspiracy (that does not mean that people spreading these conspiracy narratives are actually powerless – they may be political actors; however, they perceive themselves as the ones lacking power in this situation, and that is what is most important in these narratives).

Nevertheless, it is doubtful that this similarity between COVID-19 and other health-related conspiracies can be explained merely through the concern of one’s health. It is even more doubtful that this perceived similarity should constitute an argument in support of a monological belief system.

Now, the support for the monological nature of conspiracism seems to be resting on the claim that people are likely to believe in contradicting conspiracies (Wood et al. 2012: 771). The belief in a particular theory is strongly predicted by belief in others. Even when the conspiracies provide mutually contradictory explanations to some event, they are still believed. Eventually, these beliefs become part of the default way to interpret the events in the world. This is a ‘unitary, closed-off world-view’ in which beliefs come together in a mutually supportive network known as a monological belief system (2012: 768). If the disease-related conspiracies were specifically fuelled by the health-related worries and fears, then there would be some kind of boundary between health-related and other conspiracies and how the beliefs in them are formed. Thus, they would not form into a monological belief system. Or at least this system would have thematic boundaries. The beliefs in other conspiracies supposedly should work under some special kind of conditions and worries. For example, those who consumed COVID-19 conspiracies might not be so prone to believe in the flat-Earth conspiracies. As Douglas puts it: ‘if a person believes that COVID-19 is a hoax, will they now be more likely than before to entertain the notion that climate change is a hoax?’ (Douglas 2021: 273). This notion seems to be reflected in the ‘My Body, My Choice’ slogan. The vaccine gestation mandates are understood as imposing restrictions on bodily autonomy in order to prevent serious harms. Therefore, the choice to not get vaccinated is made on the grounds of bodily autonomy (Rulli, Campbell 2022: 708). In these arguments the belief in COVID-19 conspiracies is supported by the presumption that health is an exceptionally sensitive issue

making people converge to conspiracism as if in other, non-health-related cases they would choose to follow the official narratives and would not be attracted to any ideas about the secrecy and malevolency of their governments, organisations or particular agents. On the other hand, if health-related and other conspiracies form a monological belief system, then they must not be fuelled by health-related fears even in the cases of the pandemics. Thus there is the dilemma that does not square quite perfectly with both theses at the same time.

CONCLUSIONS

It seems that conspiracy theories are prone and have always been prone to spread during the disease outbreaks. Furthermore, it also seems that conspiracy theories generated by different pandemics (black plague, cholera, AIDS, COVID-19) are rather similar than different. The literature employing these similarities has been mainly focused on explaining how conspiracies meet one's psychological and epistemic needs. Nevertheless, the additional research into the differences and the limits of health-related conspiracy theories is needed, because it is rather implausible to hope that disease-related conspiracies are a special kind of conspiracies that function in special circumstances. On the other hand, this doubt should not lead us to believe that there are no limits to when and which plots are trusted and which not when it comes to crises and conspiracies.

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Jos plinta kaip liga – pandemijos ir sąmokslo teorijos

Santrauka

Straipsnyje analizuojamos su ligų atsiradimu ir plitimu susijusios sąmokslo teorijos. Aprašomi ir nagrinėjami trijų skirtingų pandemijų (choleros, AIDS ir COVID-19) sąmokslo teorijų naratyvai, ypatingą dėmesį skiriant COVID-19 sąmokslo teorijoms. Straipsnyje iškeliama problema, kad su ligomis susijusių sąmokslo teorijų psichologinio poveikio aiškinimai neatitinka bendrų sąmokslo teorijų psichologinio poveikio aiškinimų.

Raktažodžiai: epidemijos ir pandemijos, sąmokslo teorijos, ligos, monologinė įsitikinimų sistema, konspiracinis mąstymas