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The Utter Familiarity of Even the Strangest Vaccine Conspiracy Theories

Disease narratives maintain certain features over time, even as specific details vary to fit a new epidemic or context.

By Jon D. Lee



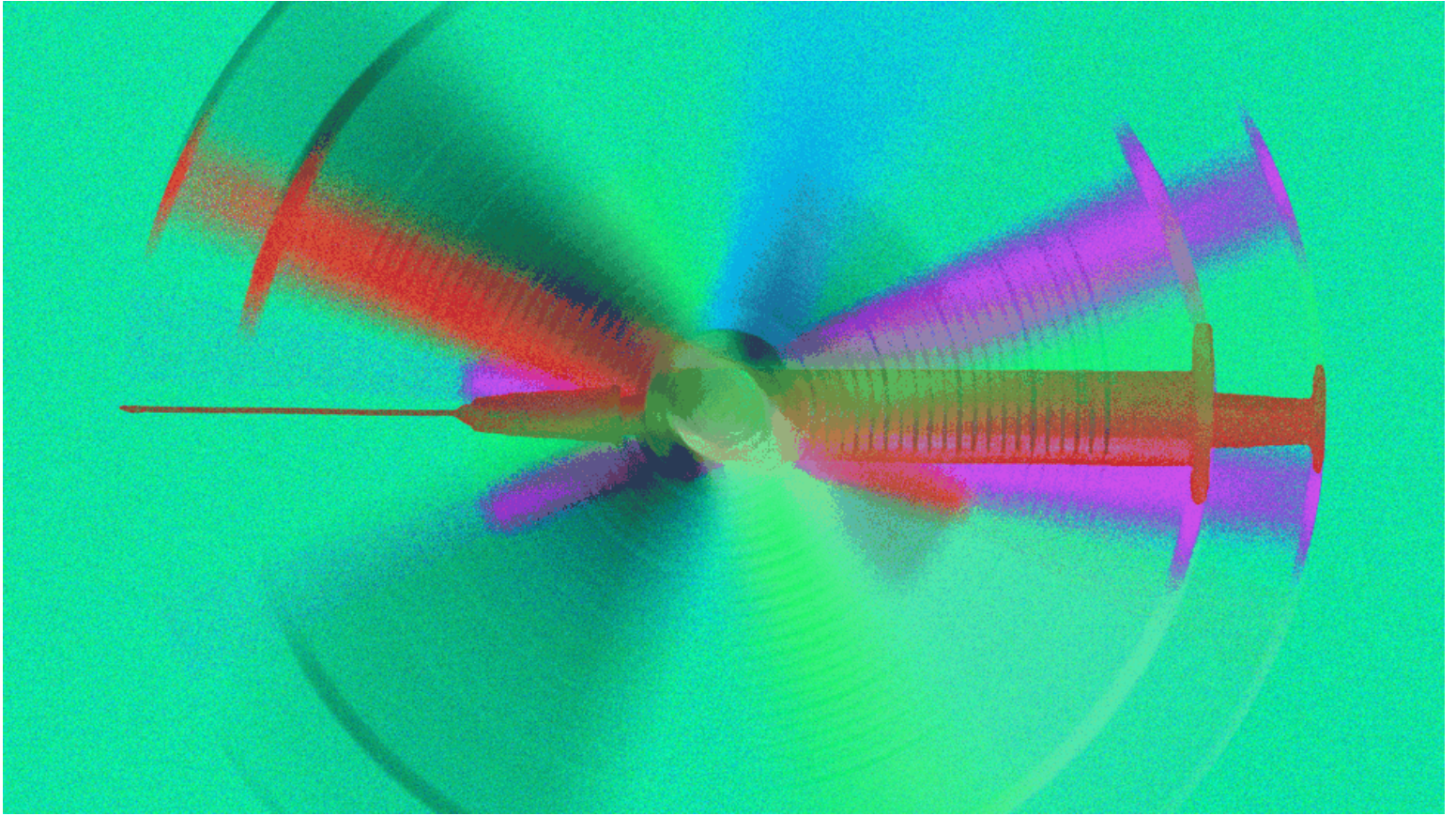
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***About the author:** Jon D. Lee is an instructor at Suffolk University and the author of *An Epidemic of Rumors*.*

Long before the first needle pierced the skin to deliver Pfizer/BioNTech's highly anticipated COVID-19 vaccine, social media was rife with speculation and fearmongering. Alongside pertinent questions about safety, efficacy, and the historic rapidity of the vaccine's production were conspiracy theories: that the vaccine was unsafe, unhealthy, itself the product of a conspiracy. Some claimed that the vaccine would alter your DNA or give you the disease itself.

Others stated that the vaccine contained a microchip, perhaps placed there by Bill Gates, that linked to cell towers via 5G technology to allow for population surveillance. These narratives are persistent and are intruding on the real world: In Wisconsin, a pharmacist purposely sabotaged 57 vials over the holidays because he thought the vaccine would change people's DNA.

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Despite their elaborate nature and novelty, I find these narratives thoroughly familiar.

I've spent my career as a folklorist studying disease narratives: the rumors, legends, gossip, and jokes that circulate informally during epidemics and pandemics. These narratives are recycled from one epidemic to the next, and they maintain certain features over time, even as specific details vary to fit a

new disease or context, and channel contemporary preoccupations.

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As detailed by the folklorist Andrea Kitta, the anti-vaccination movement has century-old concerns about safety, efficacy, and government control, as well as religious and philosophical objections and beliefs that vaccines are “unnatural.” Two common themes are that vaccines actually hurt the recipient—resulting in worse outcomes than letting the disease progress unimpeded—and that the ingredients are somehow suspect. Narratives about vaccines causing autism, for instance, feature MMR shots overwhelming the nervous system, and warnings about toxic thimerosal, a mercury-based preservative. Today’s COVID-19 narratives include parallel worries about damaged or altered DNA, and whisperings about microchips.

The details of the COVID-19 narratives, even as they reach into the past, also reflect larger societal concerns. A public hesitance to purchase genetically modified foods, combined with concerns about the nature of gene-editing technologies such as CRISPR, might have influenced the “altered DNA” narrative, especially given the newness of the vaccine’s mRNA technology. Growing anger over revelations of governments and corporations spying on private citizens—as in the very public outcries following Edward Snowden’s whistleblowing and the Cambridge Analytica scandal—connects with the “microchip” narrative.

Another expected aspect of the COVID-19 theories is how sprawling they are, how many individuals and institutions are suspected of involvement. A recent study of conspiracy-theory narratives, led by the UC Berkeley folklorist Timothy R. Tangherlini, compared a conspiracy theory—2016’s Pizzagate—with an actual conspiracy—2013’s Bridgewater—by plotting out key “nodes” in

the narratives to generate the “narrative frameworks” that separate real from fictional conspiracy. The research demonstrated that *actual* conspiracies are comparatively slow to develop and focus on a single domain (in the case of Bridgegate, that domain being New Jersey politics), while conspiracy *theories* develop quickly around a widely disparate set of domains (Pizzagate involving, among the more prevalent points, the Clinton, Obama, and Podesta families, as well as WikiLeaks, the Comet Ping Pong pizzeria, human trafficking, underground tunnels, pedophilia, and satanism).

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As the study concluded, this multi-domain focus may be the primary feature of a conspiracy theory. For although both actual and fictional conspiracies involve the uncovering of “hidden” or “secret” information, the difference lies in how widely the net needs to be cast in order to “prove” the conspiracy. The conspiracy theory frequently makes large leaps to connect previously *unlinked* domains, while the uncovering of an actual conspiracy involves exposing previously unknown links *within* a domain.

The multi-domain quality of the conspiracy theory also helps to explain its cyclical and adaptable nature: Once a narrative has established a pattern of creating such large leaps, the creation of further or newer leaps to even more disparate domains is considerably eased.

A deeper question is why these disease narratives circulate at all. One argument, advanced in the book *Covid-19 Conspiracy Theories*, is that

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“conspiracy theories are often shared among people who lack—or feel that they lack—social power.” In an age of wealth inequality and partisan politics, the majority of Americans potentially fall into this category.

Another, more general, answer is that the amount of time between the start of an epidemic and the point at which science can provide clear explanations creates an information vacuum for a concerned public that demands immediate response. These vacuums are easily filled both by the individual turning to familiar narratives from previous epidemics, and by anti-vaccination and conspiracy-theory groups actively working to promote their own narratives.

If spreading rumors is easy, combatting them is hard. As folklorists such as Bill Ellis have proposed, “some legends may not die so much as they *dive*,” remaining latent for long periods of time until a new situation arises that fits the scope and nature of the narrative. It is equally the case, as the sociologist John Gagnon has argued, that the difference between a scientific theory and a conspiracy theory is that a scientific theory has holes in it.

Just as problematic, whether you want to call the current era “postmodern” or “post-truth”: Public trust in both government and fellow citizens is at or near historic lows. In the face of such opposition, public figures may not be capable of turning the tide. A recent Pew Research Center poll of U.S. adults found that 39 percent “definitely or probably would *not* get a coronavirus vaccine,” and that 21 percent “do not intend to get vaccinated and are ‘pretty certain’ more information will not change their mind.” How many of these respondents were reacting to any given narrative—whether false claim, conspiracy theory, or otherwise—is unclear, but the narratives are certainly massaging these responses.

That doesn't mean community leaders shouldn't *try* to debunk conspiracy

theories and chip away at resistance. Pastors, prominent business owners, local sports figures, and so on should work in conjunction with local doctors to provide solid information. Such efforts should be frequent and, for best results, done in person, as when Anthony Fauci personally Zoomed into a Boston-area church to talk directly to parishioners.

Conspiracy theories will always be among us, but the pandemic doesn't have to be.
