



Consell
de l'Audiovisual
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**Covid-19 denialist audiovisual content on online
platforms and social networks.
Conclusions.**

1. Methodology

1.1 Analysis and sample universe

The sample universe for this report is taken from the video-sharing platform YouTube and social networks Facebook, Instagram and Twitter.

The report analyses only audiovisual material published after the World Health Organization (WHO) declaration of Covid-19 as a pandemic (11 March 2020), and that is available in or subtitled in one of the official languages of Catalonia [Catalan, Spanish and Aranese].

For the purposes of this report, denialist theories means those that go against scientific consensus and that have been classed as false by either the WHO or one of the fact-checking platforms in Spain signatory to the International Fact Checking Network Code of Principles (AFP, EFE Verifica, Newtral and Maldita.es.).¹

¹ <https://ifcncodeofprinciples.poynter.org/know-more/the-commitments-of-the-code-of-principles>

1.2 Search system and criteria

The content search was carried out between 28 August and 8 September 2020.

The content analysed in this report was found by:

- a) Searching for key words and expressions using the search engines on the platforms and social networks analysed.
- b) Suggested content based on keyword search results.

1.3 Analysis framework

Combating disinformation online is one of the aims of the European Commission's audiovisual media policies. The Commission defines disinformation as:

"verifiably false or misleading information that is created, presented and disseminated for economic gain or to intentionally deceive the public, and may cause public harm. Public harm comprises threats to democratic political and policymaking processes as well as public goods such as the protection of EU citizens' health, the environment or security."²

In relation to tackling the Covid-19 pandemic, the World Health Organization has also emphasised the need to combat misinformation:

"As the world responds to the Covid-19 pandemic, we face the challenge of an overabundance of information related to the virus. Some of this information may be false and potentially harmful. Inaccurate information spreads widely and at speed, making it more difficult for the public to identify verified facts and advice from trusted sources, such as their local health authority or WHO."³

One thread of misinformation regarding Covid-19 is denialism, which has been defined as "employment of rhetorical arguments to give the appearance of legitimate debate where there is none, an approach that has the ultimate goal of rejecting a proposition on which a scientific consensus exists"⁴.

² <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52018DC0236&rid=2>, pp3-4.

³ <https://www.who.int/campaigns/connecting-the-world-to-combat-coronavirus/how-to-report-misinformation-online>

⁴ Diethlem, Pascal and McKee, Martin "Denialism: what is it and how should scientists respond?" in *European Journal of Public Health*, Volume 19, No. 1 (2009); Hoofnagle, Mark in ScienceBlogs.

That is the backdrop to our analysis of three specific types of denialism regarding the pandemic:

- Denial that the WHO's prophylactic measures to combat the pandemic⁵ (social distancing, face masks, hand-washing) are helpful or that PCR tests are useful for diagnosis.
- Denial of the existence of a viral pandemic with a natural origin, and dissemination of conspiracy theories.
- Denial that a future vaccine would be useful or beneficial and spread of theories linking the pandemic to previous vaccination campaigns.

⁵ <https://www.who.int/es/emergencies/diseases/novel-coronavirus-2019/advice-for-public/q-a-coronaviruses>

2. Conclusions

Combating online disinformation is one of the goals of the European Union's audiovisual media policies⁶. The WHO has also repeatedly warned of the need to combat misinformation linked to the Covid-19 pandemic⁷.

In this context, this report analyses the construction of denialist rhetoric in relation to Covid-19 in videos posted on the video-sharing platform YouTube and on the social networks Facebook, Instagram and Twitter, which are available in one of the official languages in Catalonia [Catalan, Spanish and Aranese].

We selected 35 videos that show how three types of denialism are constructed.

The denialist rhetoric casts doubt on the WHO's recommended containment measures and rejects the validity of PCR tests.

The first type we analysed was **denialism that the prophylactic measures to tackle the pandemic** that the WHO and health authorities have recommended are useful. In 42.9% of the videos analysed, it is argued that masks do not filter the coronavirus, the validity of PCR tests is called into question, or health risks are alleged:

“When you look at face masks, we're talking about micrometres (microns), and generally, if you look at an N95 mask, what it does is filter 95% of particles larger than 0.3 microns. [...] And a Covid particle is about 0.1 microns.”

“There are clearly a number of scientific studies that prove that wearing a face mask can have a number of health and psychological complications that are very difficult to assess. But anyway, the ones we know are hypoxia, hypercapnia, blood poisoning, physical and mental disorders...And apparently even, and this is proven by professor [name], a possible cause of cancer.”

Anti-vaccine arguments are used and reformulated in constructing the denialist rhetoric.

A second category that emerges when analysing Covid-19 denialist rhetoric comprises **anti-vaccine claims** (28.6% of the total). These videos reject the usefulness of a future

⁶ <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52018DC0236&rid=2>

⁷ <https://www.who.int/campaigns/connecting-the-world-to-combat-coronavirus/how-to-report-misinformation-online>

vaccine to combat coronavirus infection and question the safety of such a vaccine, or claim that previous vaccination campaigns are the cause of this disease:

“The pathogen has not been identified at present and a nucleic acid, an RNA, is being made synthetically as a vaccine. That will change us genetically, we don't know what kind of response it will lead to, and since it's a nucleic acid, it's going to change us, it's going to make us transgenic.”

The denialist rhetoric rejects the viral and natural origin of the pandemic and resorts to various conspiracy theories to explain the cause.

The third category that our analysis of denialist rhetoric examined is **the rejection of the viral and natural origin of the pandemic**, which is the premise in 68.6% of the videos in the sample. These videos refer to a number of conspiracy theories, often reformulations of pre-existing ideas, including linking Covid-19 to the deployment of 5G technology, 'chem trails', and the beginning of a “new world order”, presenting them alongside new claims, such as the virus as a lab-designed biological weapon:

“How many of you believe the official version that this virus is a natural virus that mutated from a bat? Nobody believes it. Maybe 1, 10, 15% believe it. It's a lie, it's a farce. It is a biological weapon for which manufacturing started off in the United States and finished in the laboratory in Wuhan, China. I think it was 3.4 or 3.7 million dollars was sent from the United States to the laboratory in Wuhan[...].”

Another feature in this category of denialism is questioning the very existence of the SARS-CoV-2 virus or the Covid-19 pandemic:

“Talking to medical colleagues, we don't need to be experts on Covid-19 to understand this because the evidence we have shows us that it's no more than the typical winter flu we have every year.”

Covid-19 denialism is made to look scientific and decontextualises facts and data as a strategy to lend credibility to the arguments propounded.

In addition to constructing conspiracy theories, which can be considered as a strategy per se, denialism draws on other devices.

A range of visual aids and language is used to make the denialist rhetoric seem scientific: medical or biological terminology; speakers wearing white coats resembling doctors in a situation that does not entail giving medical care but rather talking in a video, and explicit references to the speakers' medical qualifications (real or otherwise). It is worth mentioning that 62.9% of the videos analysed feature people who purport to be medical or science professionals:

“I just want to add that on 9 July 2020, the WHO ratified that the polymerase chain reaction test, I say this because I'm not the expert, that is Dr [name], but the WHO already said that it does not determine an infectious virus.”

Another strategy we identified is presenting specific cases as evidence of the arguments made, while ignoring information that could go against them.

The *#filmatuhospital* and *#filmyourhospital* challenges are one example of this, which involve encouraging people to film hospitals showing supposedly empty wards and medical staff doing nothing to prove the content creators' point that there is no pandemic:

“Rey Juan Carlos de Móstoles Hospital. Utter health emergency. [...] As you can see, this is the third floor of the Rey Juan Carlos Hospital and it's completely empty. Apparently there were lots of patients here too, right? Or patients would be coming. Well they're neither here nor expected. It's so empty here there's an echo and everything. The third floor, gentlemen. So now you can say that this is a lie and a hoax.”

Hospital Rey Juan Carlos(Móstoles) al 30 de agosto del 2020

¡Nos toman el pelo descaradamente! 🤔🤔🤔👍👏👏



A final tactic used in Covid-19 denialism to gain credibility is **decontextualising data**. For example, numerous videos take a deliberate selection of specific aspects of a real

study and reinterpret the results to link flu vaccination with an increased risk of getting Covid-19:

“[...] And secondly, very importantly, perhaps most importantly, is the influence of the flu jab. In other words, there has been an interaction, an increase. This has yet to be investigated. The fact is there is evidence of a high suspicion that many people who have died because of the interaction of the virus with something that was in the vaccines.”

Denialism spreads like wildfire online: two of the videos analysed (and their replicas) have more than 13 million potential interactions.

The audience figures and in particular the extent to which denialist content spreads show the significance of the phenomenon. In addition to views (which are difficult to measure beyond the realm of YouTube), two specific videos (and replicas on various networks) have over 13 million potential interactions (according to data from CrowdTangle⁸).

In addition to quantitative effects, the spread of content on one network and between networks has consequences when it comes to combating misinformation: the same replicated content can receive differentiated treatment both on one platform and among various platforms.

Despite measures taken by social media operators to combat misinformation⁹, denialist audiovisual content remains widespread on the internet

Lastly, it is important to stress that the platforms and social networks analysed are putting in place measures to fight Covid-19 disinformation, such as displaying information panels linking to information from official sources and removing or tagging content.

For instance, in our research for this report (using an adult profile or user), we found links to information provided by the WHO and health authorities when searching for

⁸ CrowdTangle is a public insights tool owned and operated by Facebook that allows you to track any link shared on social media.

⁹ See, for example, reports by Google (which includes YouTube), Facebook (which includes Instagram), and Twitter on compliance with the European Union Code of Practice on Disinformation. (<https://ec.europa.eu/digital-single-market/en/news/first-baseline-reports-fighting-Covid-19-disinformation-monitoring-programme>)

words related to Covid; YouTube removed three videos, and one video on Facebook and Instagram was tagged as disinformation.

However, these actions do not prevent the widespread dissemination of denialist content, which may hamper the pandemic control strategies advocated by the health authorities and the WHO.