Perspective

Conspiracy Theories and Ebola: Lessons Learned Important for Future Pandemics

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The public health campaign against Ebola in the Democratic Republic of the Congo faced serious challenges, some due to conspiracy theories and denial. These beliefs were so powerful that they even caused repeated attacks upon health care providers and medical centers. These conspiracy theories were nothing new, as they are a common feature of all frightening epidemics, such as HIV and COVID-19. These narratives also circulated during the 2015 West African Ebola outbreak. Addressing conspiracy theories during an epidemic requires a coordinated campaign involving not only local leaders but also the cooperation of social media organizations.

INTRODUCTION

Between 2013 and 2016 West Africa experienced a major Ebola outbreak, which was followed by a parallel outbreak in the Democratic Republic of the Congo (DRC) between August 2018 and June 2020. As health care providers sought to fight the epidemic they faced major challenges because significant proportions of the population believed in conspiracy theories regarding Ebola. These narratives were not confined to isolated communities in West Africa or the DRC, but rather were influenced by writings and videos on social media globally.

When health care workers are attacked, and the work of health authorities is undermined, we need to reconsider how fake news and conspiracy theories are spread. Social media and software corporations - such as WhatsApp, YouTube, and Twitter - need to collaborate with authorities not only to eliminate some channels, but also to help spread constructive information. In the case of COVID-19 major social media organizations have sought to limit the spread of conspiracy theories on their platforms, including YouTube.¹ But little has been done regarding Africa’s Ebola outbreaks. This needs to change, as in late 2022 Africa again faces a new Ebola outbreak in Uganda.

OVERVIEW

False narratives about disease have plagued efforts to fight all the major epidemics globally since the 1970s. These conspiracy theories have led people to attack healthcare workers in Pakistan, to inject themselves with HIV in Cuba,² to refuse effective treatments for HIV/AIDS in South Africa, and to oppose mosquito eradication efforts designed to prevent the spread of Zika.³⁴ Epidemics - as the 2009 influenza pandemic illustrated - can evoke denialism and conspiracy theories.⁵ On YouTube and other platforms theories have proliferated that blame COVID-19 on everyone (and everything) from philanthropist Bill Gates to 5G wireless networks.⁶ In Great Britain theories spread on social media that 5G networks were the cause of COVID-19, which led to groups to burn multiple cell towers.⁷ Mobile UK feared for its workers.⁸ In China, online commentators angrily responded to theories that COVID began with a lab leak with their own conspiracy theories that blamed the United States.⁹¹⁰ The African experience paralleled that of many other epidemics.

In December 2015 a West African outbreak began in Guinea when a young boy - perhaps a one-year-old - was infected. By March 2014 a significant number of people had come down with the disease. The outbreak soon expanded both in terms of the number of both patients infected and nations involved. Unlike earlier outbreaks, which were controlled relatively quickly, this outbreak lasted until March 2016, during which time over 26,000 people were infected throughout West Africa, as well as a handful of people in the developed world. Given the sheer number of cases, and the time for public health messaging around this epidemic, it might seem difficult for people in affected communities to deny the outbreak’s reality. But both denial and violence against health facilities were key features of the epidemic.

In August 2014, a crowd of men overran an Ebola clinic in Monrovia, the capital, after which seventeen patients disappeared. The looters even stole a bloodied mattress used by patients at the facility. The head of the health workers´ association described the situation for the patients: “Of the 29 patients, 17 fled last night (after the assault). Nine died four days ago and three others were yesterday (Saturday) taken by force by their relatives.”¹¹ According to two journalists, Zoker and Chen, during the attack people called out that there was no Ebola, a sentiment that was shared by local people in the community.
During the Ebola outbreak denial in both West Africa and the DRC was widespread, which fostered such attacks on health care facilities. A “rumour mapping” project by the Red Cross “detected 33,016 separate rumours, observations and beliefs across 17 health zones in DRC.” What is striking about these beliefs was their diversity, as they blamed everything from witches to health care workers, and in particular doctors. Although a plethora of these conspiracy theories circulated, two particular narratives exposed health care workers to popular anger.

The first dangerous conspiracy theory was that Ebola was a real disease, which had been manufactured deliberately by actors such as the U.S. military or in some other nation’s military lab. For example, in 2014 Alan Feur published a piece in the New York Times, titled “The Ebola Conspiracy Theories,” in which he described the narratives circulating around the virus: “The outbreak began in September, when The Daily Observer, a Liberian newspaper, published an article alleging that the virus was not what it seemed — a medical disaster — but rather a bioweapon designed by the United States military to depopulate the planet.” Many similar narratives circulated in West Africa (as documented in the region’s press), which described a cabal of external actors that had created Ebola. On Twitter 52,000 people tweeted that the virus had been developed as a form of population control. These theories circulated not only in West Africa, but also on YouTube and Twitter in the United States and Europe. Social media played a dangerous and directive role.

A second common belief was that the World Health Organization was manufacturing false cases of Ebola, if not the entirety of the outbreak. This belief was expressed, for example, in Sierra Leone in January 2016 when local people accused the World Health organization of “manufacturing” Ebola. Similarly, in January 2015 a BBC film crew in Liberia interviewed people in Guinea. A group of young students and teachers said that Western doctors had invented the epidemic as a way to sell medicines: “Ebola is not true. Honestly, Ebola is not true.” Such beliefs that doctors or the government had invented the disease as a means to attract foreign aid were widespread even where Ebola was common.

These popular conspiracy theories during the West African Ebola outbreak reflected political, historical and social factors. There was a widespread belief that the government was ineffective and corrupt. People did not see a significant presence of the state. The legacy of colonialism had left a deep mistrust of Western actors. Ebola was new, and some of the initial symptoms were similar to that of other diseases such as malaria. This fact led to confusion when people died, also was the case in the DRC outbreak. For all these reasons, people did not trust the information that they received either from governments or from NGOs. As people interpreted what was happening, they drew on material from WhatsApp groups, Twitter and YouTube: “It’s mainly spread by word of mouth,” says Thuong Nguyen, who is French-Vietnamese and the information management coordinator for the Red Cross. “But there is an extensive phone network in DRC, and people use WhatsApp. There are whole groups dedicated to talking about Ebola.” For this reason the narratives that spread these beliefs could only be contained with support from the major social media companies.

In the DRC the disease first appeared in a remote and impoverished area, but these areas were aware of social media narratives circulating in urban areas. For this reason, fighting conspiracy theories is part and parcel of fighting the epidemic. The DRC and international organizations organized a coherent campaign to communicate with the population using door to door trips, radio and tools. While efforts by groups such as the Red Cross in the DRC are valuable, they focus on local narratives, while social media giants have a global reach.

In this context, it is helpful to consider the actions taken by these social media organizations when confronted by COVID-19. Facebook worked to highlight information from the World Health Organization. Twitter highlighted the U.S. Center for Disease Control on the platform. In addition, Twitter labeled misleading Tweets, and even deleted Tweets that the company believed to be dangerous. This was not a decision confined to isolated companies. In March 2020 most major social media companies came together to announce that they would work together to fight misinformation on their platforms:

On Monday, the major social platforms—Facebook, LinkedIn, Reddit, Twitter and YouTube—along with Google and Microsoft, issued a joint statement announcing that they had banded together to fight COVID-19-related misinformation. “We’re helping millions of people stay connected while also jointly combating fraud and misinformation about the virus, elevating authoritative content on our platforms, and sharing critical updates in coordination with government healthcare agencies around the world,” the statement read.

As observers noted, these companies made a concerted effort to promote information from accurate sources and control misinformation was new, but drew upon existing tools. That is, these companies had always had the ability to take these measures. What was striking was that these same companies had not made a parallel effort with Ebola. Without this support no health information campaign is likely to succeed.

CONCLUSION
As David Fidler has argued, we cannot count on international NGOs in the field to deal on their own with conspiracy theories. We also have to recognize the geographic breadth and historical depth of these theories. The narratives chosen are recycled from AIDS to Ebola. The same arguments are made; the same scape-goats blamed; and the same fears manipulated. The actors that support these arguments range from Russian trolls blaming the U.S. for a supposed bioweapons program, to zealots within the anti-vaccination movement. People in rural Africa also adapt folklore regarding the colonial era to the modern crisis, by incorporating elements from global conspiracy theories.
Narratives quickly jump from developed nations to African countries through WhatsApp, Twitter or YouTube. Public health authorities need to not only analyze these theories, but also to call on social media companies to have a sense of media responsibility. Currently, channels are shut-down or demonetized on YouTube if they include racist symbols or violence. But conspiracy theories regarding Ebola proliferate. Social media companies should handle diseases in developing countries the same as they would COVID-19, which would improve public health communication before the next pandemic.

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