When Experts Deny Science: The Rhetorical Performance of Malexpertise

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Abstract

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Throughout the course of the COVID-19 pandemic, experts have been relied upon to offer public health information and guidance to members of the public. Most of these experts speak as representatives of science, and work hard to communicate verified health information, including promoting COVID-19 vaccination as a safe and effective method of disease prevention. However, some so-called experts use their status to deny these same recommendations. When experts deny science, when they make dangerous recommendations including avoiding COVID-19 vaccination, they become a new type of rhetorical figure: the malexpert. Malexperts are experts gone wrong. In this dissertation, I establish a framework for differentiating true expertise from malexpertise by analyzing the anti-COVID-vaccination rhetorics of a group of twelve individuals known as the Disinformation Dozen. By engaging in the method of close reading and rhetorical criticism, my ultimate argument is that the identification and subsequent calling-out of malexperts is key to mitigating the effects of COVID-vaccine-related disinformation.

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Chapter 1

Introduction

On January 20, 2020, the United States' first case of COVID-19 was confirmed in Washington State.[1] Though the COVID virus had already begun spreading throughout China and South Asia, this first case in the US marked a shift in the virus's transcontinental transmission possibilities. No longer was it possible to believe that COVID could be contained. It had crossed the Pacific, and would soon travel to every country in the world, leaving a path of death and destruction behind. Almost four years later, nearly 775 million cases of COVID had been reported across the world, 104 million of which have been in the United States.[2] The World Health Organization reports that over 7 million people have died from COVID worldwide, and at least 1.2 million Americans have died as a result of their COVID infections.[3]

For a while, it seemed as though the uninhibited spread of the COVID pandemic was going to be our new reality. SARS-CoV-2 – the virus which causes COVID-19 – was an entirely novel virus type, meaning that there were no existing vaccinations or treatments available.[4] However, the more general virus subtype of coronaviruses, of which COVID is one, had been receiving a great deal of research attention in past years. Ongoing research had also addressed the possibility of vaccines that use mRNA as a delivery mechanism as opposed to attenuated viruses. The idea was that mRNA vaccines might be safer, because there is always a risk that virus are not fully attenuated when used for vaccine formulae. Most notably, researchers were investigating the possibility of a vaccination against HIV, the virus known to cause AIDS, using mRNA technology.[5] Because of this prior research, scientists were able to come together to create a vaccination against COVID-19 in just under a year, a nearly unprecedented timeline for vaccine development.[6] In December 2020, the first vaccinations began to be distributed in the

US.[7] These vaccines work exceptionally well, too. The FDA reports that the two primary vaccine manufacturers in the US, Moderna and Pfizer, both produced mRNA vaccines that had a near 95% rate of efficacy, and the third most common vaccine produced by Janssen, which used an adenovirus vector as opposed to mRNA, was about 85% effective.[8]

The initial COVID-19 vaccines from the two primary US manufacturers consisted of a two-shot series. In the United States, 82% of people have gotten at least one COVID vaccine, and 70% received both of their initial series shots.[9] About six months following the release of the initial vaccines, the FDA authorized the first booster shots targeted at the Delta variant of COVID-19.[10] Since then, an additional three booster shots have been FDA-approved for prevention of particular COVID-19 strains. Each of the booster shots are reported by the FDA to be between 55-80% effective against COVID-19 infection.[11] Booster shots, as well as the initial vaccine series, also work to reduce the severity of COVID-19 infection in addition to preventing initial onset. One important note here is that booster shots, which tend to be targeted against particular strains, will never be as effective as bivalent shots like the initial series. The reported efficacy rates are against *all* COVID-19 infections, so an 80% overall reduction indicates extreme efficacy of a targeted vaccine. Only 36% of people in the United States have received any booster shots after their initial series.[12] According to the WHO, this is lower than any other developed country in the world.

It is worth noting that Americans from different racial groups are vaccinated at different rates. Data that specifically breaks down vaccination rates based on racial demographic is not often collected by vaccine providers, so the CDC conducted a National Immunization Survey in 2021 aimed at gathering information about which racial and ethnic minority groups are most, and least, likely to be vaccinated. [13] This survey found that Asian Americans were the most-

vaccinated racial demographic, with 69.6% of respondents reporting having received at least one COVID vaccine.[14] White Americans were next, with 59% claiming to have gotten at least one shot. Among the least likely to report being fully vaccinated were Hispanic and Black Americans, who reported single-dose vaccination rates at 47.3 and 46.3%, respectively.[15]

Vaccine resistance is not, for the vast majority of Americans, a problem of access. COVID vaccines were widely available across the United States, and initial vaccination programs provided financial support for Americans without health insurance to be able to receive the vaccines. Free vaccine clinics were offered throughout the United States, and government assistance programs ensured that even areas without consistent access to health services would receive ample vaccinations. And yet, despite the overwhelming number of people who have gotten sick and died from this once-in-a-lifetime disease, and the massive amounts of evidence that the vaccine is effective in preventing its spread, millions of people remain hesitant to get vaccinated against COVID-19.

The World Health Organization defines vaccine hesitancy as a "delay in acceptance or refusal of vaccines despite availability of services."[16] This definition is important to consider, especially in the context of the US health system because COVID vaccines were made readily available upon their development.[17] This means that most of the time, when people remain unvaccinated against COVID, they are doing so because it is an intentional choice rather than a matter of vaccine access. Of course, there are individuals who are immunocompromised or who have other physiological or psychological reasons for not getting vaccinated, but the focus of the remainder of this chapter will be those who choose to remain unvaccinated despite their ability to access and receive vaccination.[18]

Vaccine hesitancy affects more than just those who remain unvaccinated. For certain individuals for whom vaccines are less effective, or who cannot receive vaccines – such as those who are immunocompromised or allergic to vaccine components – community protection through herd immunity is essential. The National Institutes for Health define herd immunity as the "indirect protection that results when a sufficiently high percentage of the community is immune to a disease."[19] For COVID-19, the estimated percentage at which herd immunity will be achieved lies somewhere between 60-70%. As of right now, about 70% of US adults are fully vaccinated, which is a lower percentage than even the most conservative estimates for when herd immunity will be sufficient to protect the unable-to-be-vaccinated from COVID-19.[20]

For some of these unvaccinated people, their hesitance arises from the rapid production of the COVID-19 vaccine. This vaccine was developed faster than any in human history, going from its initial laboratory inception to global distribution in just 11 months, a timeline nearly incomparable to the usual speed of vaccine production, which ranges from 5-12 years under normal circumstances.[21] Given this large discrepancy in production time, it's not difficult to see how those unfamiliar with the production and testing process might be hesitant to receive the COVID vaccine. However, this decrease in production time did not involve eliminating any of the scientific mechanisms, testing procedures, or approval processes that are usually involved with vaccine production. Rather, time was saved by eliminating steps in the bureaucratic processes involved with vaccine production and approval.[22] As an example, where some vaccines or treatments wait in line for years before going before an FDA review board, the first COVID vaccine was able to jump to the head of the line and receive approval just 21 days after its initial submission to the FDA. This jump, along with others related to production and clinical

trials, allowed for the COVID-19 vaccine production process to be expedited in the name of public health.

In early September 2020, a study by the Kaiser Family Foundation found that 52% of vaccine-hesitant adults were considering delaying vaccination because they believed that the COVID vaccine had been produced too quickly, and they wanted to see how it would work before getting it themselves.[23] However, by December, 64% of that same sample said that they believe the COVID vaccine development process was proceeding at the "about right" speed. This change in opinion could be due to increased information about the COVID-19 vaccine or due to elapsed time between the initial survey and the follow-up. Either way, though the speed of production has been often cited as a reason for refusing vaccination, the prevalence of this opinion has diminished over time.[24]

Others who did not receive the COVID-19 vaccine have slightly more skeptical views, and some are downright hostile to the idea of vaccination. Despite the fact that the vaccines are largely effective in reducing the spread and severity of COVID-19 infection, millions of Americans remain unvaccinated against COVID. My research questions for this dissertation are related to this phenomenon. I want to investigate the roles that rhetorics of science and expertise play in persuading audiences to vaccinate themselves, or not, against COVID-19.

More specifically, my two research questions are:

1. What anti-COVID-vaccination rhetorics are circulating in the US?
2. What is the role of expertise in COVID vaccination debates?

My first question will investigate the rhetoric audiences are exposed to when they decide to deny or delay vaccination in response to the messaging they have received from anti-COVID-vaccination sources. Here, I am especially interested in analyzing the types of arguments and

evidence that are persuasive in convincing someone not to vaccinate themselves against COVID-19. My second question is more closely related to the phenomenon of expertise. My interest in asking this question is to investigate whether particular rhetors are more influential than others when it comes to dissuading audiences from vaccination, and if so, how they draw on markers of expertise in their persuasive efforts.

Above, I described the COVID-19 vaccines and booster shots as being both safe and effective preventions against infection. My trust in COVID-19 vaccines requires trust in the science that created them. I, along with the vast majority of the scientific and medical community, believe that the vaccines are in fact safe and effective because numerous studies and clinical trials have confirmed that they are. But this raises questions. Why should we trust science in the first place? What is it about this rigorous testing that lends credibility to products like the COVID-19 vaccine? In the following pages, I will answer each of these questions in turn. Then, I will turn to a discussion of the current state of anti-COVID-vaccination rhetorics.

Why trust science?

The COVID-19 vaccine is the most effective prevention we have for the spread of COVID-19. But how do we know this? And how can we be certain that the COVID vaccine is safe? As I described above, this particular vaccine was developed according to standard guidelines for vaccine production and testing. It went through rigorous double-blinded clinical trials which were peer-reviewed by panels of credentialed scientists and doctors. Essentially, we trust the COVID-19 vaccine as an end product because it is the result of a rigorous process of scientific testing.

This argument, that the process of science lends legitimacy to its products, is one that Naomi Oreskes explores in her recent book *Why Trust Science?*[25] Her claim is essentially that science is trustworthy because its methods result in consensus among scientists. Our societal trust in science thus relies upon a dual trust in the process of science and in its expert practitioners.

First, following the tradition of sociologists like Bruno Latour and Steve Woolgar, who famously argued that science is a social process, Oreskes claims that science is trustworthy precisely because it is a *process.*[26] The verification of any scientific claim takes years of data collection and analysis, peer review, and study replication. Verification of medical recommendations requires even more procedure, including clinical trials, product testing, and collaboration among scientists across disciplines. Only when each step works in tandem – and when scientists work in tandem with one another – can we arrive at anything like a conclusion.[27] As part of this process, scientists often work toward disconfirmation of their own findings, testing all possible edge cases to determine whether and how their theories might begin to break down. The process of science is not just the repetition and confirmation of existing facts, it is a process of rigorous testing and debate.

One other theory about the process of scientific development is relevant here, which is Thomas Kuhn's argument that normal science tends to proceed incrementally.[28] Most scientific studies do not produce breakthroughs; rather they confirm individual hypotheses within established paradigms of science. In fact, when breakthroughs or "miracle cures" are discovered, they tend to be met with skepticism from other scientists who work hard to confirm or disconfirm these discoveries. Here again we see that consensus develops through a process of

agonism, testing, and debate. Only once a scientific result is rigorously tested and re-tested, and many scientists are in agreement, are so-called breakthroughs ever accepted as worthy of trust.[29]

Kuhn also gives us a framework for correction of incorrect consensuses, a process he describes as paradigm shifts in science.[30] He uses the example of the Copernican revolution to illustrate what happens when foundational beliefs of scientific paradigms are disproven. Copernicus's observation that the sun rather than the earth is in fact the center of our so-called universe was initially met with skepticism, but once the process of science tested and re-tested his claims a paradigm shift eventually began to occur. It was the development of a new consensus that displaced the old one. The same process that lends credibility to consensus can work to change it as well.

Because process, testing, and debate are so essential to the process of science, scientists must participate in this process in order to be called trustworthy. If our trust in science is the result of the process of science leading to a consensus of the scientific community, and if developments in science tend to proceed incrementally through procedure and review, then our trust of individual scientists needs to be, at least in part, constructed as a result of their participation in these processes. This participation can be agonistic, scientists can and should disagree with one another and engage in debate to resolve these disagreements.

It is thus my contention, in line with Oreskes, that we can trust the COVID-19 vaccines because they emerged through the process of scientific investigation. Building upon decades of research about mRNA vaccines, researchers were able to engage in the normal science of vaccine development by testing individual variations in clinical trials and ultimately producing a safe and effective prevention against COVID-19 infection. There is consensus among medical researchers and physicians that these vaccines work, and ongoing research continues to offer new

possibilities for prevention and treatment of future strains of COVID-19. Process and consensus are what lend trustworthiness to this, or any, scientific product.

Our trust in the process of science must also involve trust in its practitioners, though. Recall that the second part of Oreskes's claim about trust in science is that it requires trust in experts. It is not just that scientists gain credibility through their participation in the process of science; those processes themselves are granted legitimacy when the individuals participating in them are perceived as experts. Who exactly gets to be called an expert, though? And how do we know which experts we can trust?

Expertise

If you ask anyone who they consider to be an expert, you will get varying answers. Some will say that experts are people with specialized knowledge in a field. Some will defer specifically to doctors or scientists, assigning a particular value to knowledge in esoteric fields. Others will say an expert is just anyone who knows what they are talking about, or even anyone who seems to know what they are talking about. Even scholars who study expertise disagree about these definitions. Some believe that expertise is an intrinsic or autonomous quality, that someone either does or does not possess expertise based on their particular set of knowledge or experience. Others believe that expertise is a title attributed by audiences, that someone can only be called an expert if they are recognized by others as such.

In their influential book *Rethinking Expertise*, Harry Collins and Robert Evans describe expertise as a phenomenon that is based on the sets of knowledge that are held by various practitioners of science or other technical fields. It is an autonomous trait that someone either does or does not possess. Their goal is to "treat expertise as 'real' and develop a 'normative theory of expertise'" that allows experts to be categorized based on the types of knowledge they have.[31] For any given technical or scientific domain, there will be individuals who have some

"experience [with] an esoteric specialism" that should be turned to whenever expert input from a particular domain is needed.[32] Expertise is thus domain-specific, and identifying core sets of experts within a given domain is essential whenever scientific questions arise.

For Collins and Evans, and other scholars who believe that expertise is autonomous rather than attributed, it is the possession of knowledge that is essential, rather than the ability to disseminate that knowledge. Experts can be called experts "independently of whether others think they possess expertise."[33] Expertise is solely based on participation in an esoteric specialism, usually in the form of laboratory work or disciplinary publications.

Within this larger group of scholars who believe that expertise is an intrinsic quality, there are also those who believe that expertise is possessed by anyone who engages in expert practices.[34] To these scholars, it is less important that experts possess a particular knowledge base – though, they often still do – but rather that they are able to practice their expert skill-set. These practice-based experts are still autonomous insofar as it is the ability to engage in expert-level tasks regardless of recognition that allows them to attain the status of expert. Unlike the experts described by Collins and Evans, though, these experts are recognized for how their expertise is *used* rather than just on its mere possession. Expertise is based on "what is done or enacted, not what is said or known."[35] Still other proponents of the autonomous approach to expertise believe that expertise is situational, and requires not only knowledge and practice, but the ability to apply knowledge and/or practice at precisely the right time. For Zoltan Majdik and Bill Keith "simply having knowledge or skill cannot be enough. It has to be deployed in an expert way within the constraints and demands of a particular situation" and adequately meet the needs of the situation in which it is deployed.[36]

The commonality between these scholars is that they believe expertise is not something that just anyone has. Experts possess particular knowledge, skills, or situational awareness that qualifies them to be labeled as expert. There are varying degrees of flexibility in categorization, though. Collins and Evans are fairly strict in maintaining that expertise must be based in esoteric scientific or technical knowledge whereas someone like DeVasto is more flexible in allowing for various practices or behaviors to be called expert. There is also agreement amongst these theorists that the question of expertise becomes relevant when scientific questions arise in public debates. When there is uncertainty in responding to, say, a global pandemic, we need to be able to recognize the core sets of experts who can offer solutions to our most pressing issues. We must be able to identify experts that can fill in the gaps in our own knowledge. Experts must also be able to network with one another and recognize their own limitations, allowing other experts to fill in their own knowledge gaps as well.

This is where rhetoricians of expertise begin to develop their unique understanding of who gets to be called an expert. For most rhetoricians, the *presentation* of expertise is essential for the assignment of the label of expert. If a person is unable to be recognized as an expert by some audience, their expertise cannot be identified despite how technically sound their knowledge might be. Thus, expertise is treated by most rhetoricians as an attribution rather than an autonomous characteristic. This is a uniquely rhetorical approach because it involves examination of the relationship between so-called experts and their audiences, identifying when audiences are persuaded to recognize someone as expert and when they are not.

Rhetoricians of expertise start from the premise that expertise is a socially constructed phenomenon that is built through language. For Johanna Hartelius, this means that "to be an expert, in short, is to rhetorically gain sanctioned rights to a specific topic or mode of knowledge

. . . to define yourself in relation to certain insights into human experience."[37] Expertise is treated as a rhetorical strategy that requires knowledge about something in the world, and, importantly, the ability to demonstrate this knowledge to others. "Experts [must] use both their 'real' knowledge and rhetorical prowess to persuade an audience," which means that for rhetoricians, audience recognition is key.[38] Content matters, but "expert knowledge requires expert performance" and without recognition, the status of expertise is meaningless – "we all know people whose brilliance goes unappreciated because they could not communicate it."[39] From a rhetorical perspective, the ability to persuade others of the possession of knowledge is essential to the assignment of the title of expert. However, persuasion alone is not enough to convince discerning audiences to assign the label of "expert" to a rhetor – sophistry can only get you so far.

Hartelius also argues that expertise is, in part, a function of ethos, Aristotle's rhetorical proof of credibility. Ethos requires the demonstration of practical wisdom; to be credible, one must prove that they possess some knowledge/skill (*phronesis*). Ethos is not just about knowledge, though. It also involves demonstration of moral virtue (*arete*) and goodwill (*eunoia*) toward the audience. "The rhetorical success of expertise is intimately connection [sic] to *phronesis*, *eunoia*, and *arete*" and thus experts "must perform goodwill in the rhetorical moment" in order to persuade audiences that they are in fact being responsive to their needs.[40] This means that to be recognized as a credible expert, one must not only demonstrate the possession of knowledge/skill, they must also use it in service of their audience's best interests. Attribution of expert status is thus, in part, a tacit acknowledgement of moral virtue.

The requirement of audience recognition of expertise makes sense within the framework of science as a social process. If it is collaboration and procedure that lend legitimacy to the

results of science, then the collaboration between rhetors and audiences and the rhetorical processes of establishing ethos might contribute to the legitimacy of experts as well. It is not just public audiences that must recognize expert status, though. Expertise requires recognition from and engagement with other experts. Just as individual scientific studies only become accepted as legitimate once they engage in a process of peer review and verification, individual experts are accepted as legitimate only when they receive verification from other experts. Hartelius hints at this argument as well when she claims that rhetors often associate themselves with other experts in an effort to build up their own expert status. It is worth noting again that this legitimization comes not through mere agreement, but through honest participation in the process of scientific research and debate. Experts associate with other experts.

My definition of an expert is anyone who is recognized by audiences – including other experts – as possessing knowledge/skill, and who uses that knowledge/skill to the benefit of others. Expertise is thus the practice of knowledge/skill as recognized by others. Benefits here can include simple education or knowledge-sharing, problem-solving, or providing recommendations for decision-making. Though I am aligned here with other rhetoricians of expertise who believe expert status is attributed, my definition differs from earlier conceptions of expertise in a few key ways.

First, I believe that expertise requires recognition from not just public audiences but from other experts as well. Only through collaboration and participation in expert networks can someone be called a true expert, and without peer recognition, expert status cannot be legitimately attributed. Just as no scientific product or result can be called true independently of verification, no one scientist can be called expert without verification from other experts. Verification is not necessarily the same as agreement, though. True experts can and do disagree

with one another and when those disagreements arise, they are resolved through evidence-sharing and debate.

Second, attribution of expert status requires a recognition that knowledge/skill is being used in good faith. Experts must share their knowledge/skill in order to be recognized as such, but recall that ethos is more than just the expression of knowledge/skill. Moral virtue and goodwill toward the audience are key as well. This means that true experts should not knowingly cause harm to their audiences. The intentional spreading of false or misleading information to audiences constitutes a form of harm.

My argument is thus that our trust in science and our trust in experts go hand in hand. Experts are our rhetorical stand-ins for science. Scientists doing science are trustworthy because of their procedural rigor, their networks of verification, and their tendency to engage in collaboration that results in consensus. The COVID-19 vaccines are trustworthy because experts have engaged in the process of science to develop the vaccines and communicate their expertise about those vaccines to other scientists and the public.

However, trusting vaccination, and especially trust in the COVID-19 vaccines, is not quite so simple. I began this chapter with a note that uptake of the COVID-19 vaccine and subsequent booster shots has been incredibly low in the United States despite the fact that the vaccines themselves have been shown to be safe and effective preventions against COVID-19 infection and against death when breakthrough infections occur. Part of this distrust is related to a generations-long legacy of anti-vaccination advocacy, much of which continues to influence COVID-19 resistance rhetorics. Additionally, information about COVID-19, or any scientific matter, primarily comes to audiences through networked social media spaces. These digital platforms have fundamentally altered the relationships between experts and audiences, and have

negatively impacted social trust in vaccination. In the following sections, I will briefly describe key moments in the history of the anti-vaccination movement and relate them to current COVID-19 vaccine resistance arguments. Then, I will detail a few of the ways in which online communication impacts expert/audience relationships and the sharing of science information.

History of the Anti-Vaccination Movement

Though there are particularities to COVID vaccine resistance rhetorics – such as the response to production time, as described above – the idea of vaccine refusal is not new. Since the creation and distribution of the smallpox vaccine in the early 1800s people have been resisting the idea of vaccination.[41] Early movements in Europe argued that vaccination was against the Christian faith because smallpox vaccinations were derived from a strain of cowpox and therefore had to have used animals in the process of development, that vaccination could not possibly be safe or clean because it was derived from an animal, that the medical institution generally could not be trusted, and that forcing vaccination was a violation of individual liberty.[42] Once the smallpox vaccination reached the United States, organizers were quick to form their opposition to the new drug as well. The Anti-Vaccination Society of America was founded in 1879 following the importation of the smallpox vaccine in the early 1870s. This society had similar reasons for opposing vaccination, although their central argument was primarily a stance against vaccination as a mandatory practice rather than against the vaccines themselves. The Anti-Vaccination society has since disbanded, but while active they were successful in staging protests of all vaccine mandate policies and the Supreme Court cases that allowed for their creation.[43]

Over one hundred years later, in 1998, Andrew Wakefield published a seemingly groundbreaking study in the British medical journal *The Lancet* claiming a link between the measles, mumps, and rubella (MMR) vaccine and autism spectrum disorder (ASD). The study

claimed to have found a link between the MMR vaccine and certain forms of bowel disease found in children with developmental disorders. Wakefield took these findings as a basis for a later study in which he argued that disruption in bowel tissue may lead to neurological complications, including autism.[44] In his 1998 paper, Wakefield reported that "onset of behavioral symptoms," including childhood autism, "was associated . . . with the MMR vaccination."[45] There are a few important things to note about this paper, though, before accepting these findings. First, the study only had 12 participants, all of whom were children. Because the participants were all too young to report their own symptoms, the study was based on parental reporting.[46] Second, even if this limited data set could be considered a full study, the results did not show a causal connection between the MMR vaccine and gastrointestinal diseases, or between the MMR vaccine and autism.[47] There were correlations presented, but no causal mechanism was ever explained by Wakefield or his associates.

Since Wakefield's publication, hundreds of studies have reviewed the link between MMR vaccination and ASD, and none have been able to find a causal link between the MMR vaccine and either GI distress or autism diagnoses. *The Lancet* retracted the Wakefield paper in 2010, claiming that Wakefield should have been more straightforward about the fact that he had accepted funds from an anti-vaccination litigation group and that there should have been more oversight on the study itself.[48]

Even though the Wakefield paper is no longer in circulation, and there has been no confirmation of the link implied in its original findings, it has had a lingering impact on the anti-vaccination movement. It is still the paper most cited in anti-vaccination discourse, and is the starting point for an entire subset of the anti-vaccination movement based on fear of ASD as a side effect.[49] For decades before the COVID-19 pandemic, this fear of vaccine side effects –

including ASD – was the predominant rhetoric spread by contemporary anti-vax advocates. Because of this, much scholarship regarding vaccine hesitancy has focused on parents making the decisions to vaccinate their children, as the vast majority of vaccinations are given to children between birth and the age of five. With the exception of the annual flu vaccine, adults have not been the ones receiving the majority of vaccinations. Until now.

The fact that most COVID vaccines go to adults is, I believe, one of the most unique aspects of the COVID vaccine debate. For the first time in modern vaccination history, it is not the case that parents are deciding what to do about childhood vaccines. Rather, parents, and all adults, are now deciding whether or not *they* should get the COVID vaccine. Surprisingly though, despite this difference, anti-vaccine sentiments that were once reserved for the protest of MMR and other childhood vaccinations are now applied to parental and adult decision-making processes. Though there do not seem to be as many concerns about ASD as a side effect, or about other developmental side effects, anti-vax sentiments are still concerned about additives in vaccines. These sentiments are only exacerbated by the ways in which anti-vaccination rhetorics spread in online spaces, and it is to these mechanisms that I will now turn.

Anti-Vaccination Rhetorics Online

Generally speaking, people are likely to seek out information that confirms their pre-existing belief system.[50] This is true of information-seeking related to political issues, personal issues, and, of course, health-related issues. Nowhere is this behavior more apparent than on social media sites, where advice and information from others who share a similar belief system is often sought. There is also an important aspect of trust in these online conversations. When it comes to making decisions about childhood vaccination, a recent study confirmed that parents are likely to put their trust in individuals who share their preexisting beliefs about vaccine safety.[51] This was especially true for parents who were inclined to distrust vaccinations or be

generally fearful of side effects. The implication here is that, often, parents will seek medical advice not from doctors, but from their friends and family members who share their fears about potential vaccine side effects. Parents perceive doctors as being biased toward vaccination and unwilling to discuss their fears of potential side effects or other risk factors. As a result of this anticipated dismissal, parents will often refuse medical advice altogether in favor of community anecdotes from other parents, who are perceived as more trustworthy due to their ideological alignment.[52]

In cases where parents seek guidance from other parents as opposed to medical professionals, they are prioritizing personal expertise over medical expertise. In her 2014 dissertation, Lauren Archer describes this as a form of maternal expertise.[53] This is a kind of experience-based expertise based in the skill of parenting. This is not unique to online spaces, but social media platforms do afford a unique ability for vaccine-hesitant parents to locate one another.

The circulation of arguments about vaccination in online public spaces has also been studied by rhetoricians as a problem of engagement and of argumentative strategy. In a 2017 article on fragmentation in online vaccine discourse, Miles Coleman argues that the solution to such fragmentation is not simply a re-insertion of scientific evidence into anti-vaccination communities, or an urging of pro-vaccine advocates to accept the personal perspectives of anti-vaxxers, but rather to use "rhetorical logic bombs" as a way to plant outside or even opposing discourse into other networked publics.[54] This argument is similar – though more specifically applied to the vaccination debate – to one from Damien Pfister who argued that the internet has so drastically changed how people engage in deliberation that it no longer makes sense to talk about a public sphere outside of networks.[55] The "networked public sphere" should be thought of

as a new realm of engagement, and rhetorical strategies should be studied and developed in situ if the goal is to trace deliberation.[56]

This notion of networked deliberation works well with my earlier definition of expertise. Our information ecosystems are becoming increasingly complex and networked, and our experts therefore need to participate in that network in order to be recognized as such. Expertise requires recognition, and online recognition develops in networks. Being recognized as expert in online spaces requires more than just the demonstration of knowledge, though. In her 2020 book on expertise in a digital world, Johanna Hartelius argues that because we exist in a world where anyone can learn anything online, simply holding knowledge is no longer enough to prove expertise.[57] Rather, one role of experts is to process information and present it to their audiences in a way that is simultaneously simple enough to be understood by anyone who encounters it while retaining enough complexity so as to stay true to the original content. Hartelius claims that

> delineating what is familiar and what is unfamiliar, or moving the line such that what was unfamiliar becomes familiar, is a rhetorical act of expertise. It is to make something known or knowable, to invent something in such a way that it is intelligible.[58]

It is the act of teaching or spreading information that constitutes one as expert under this view. Experts are those who give the gift of knowledge or skill to others; expertise in a digital world is both the creation of content and the dissemination of knowledge. To contextualize this with my earlier definition of expertise, the benefit that these experts give their audiences is that they have processed information and repackaged it in a way that is more useful. They may be perceived as possessing a particular kind of knowledge that allows them to process and repackage information, or they may be perceived as having a skill in research and information-gathering. Though not all experts are informational experts, increasingly those who are turned to for advice

and information in an online world are those who have this unique ability to package and reprocess technical information for lay audiences.

Since the beginning of the pandemic, as with any public health crisis, people have sought information about COVID-19 online. Official sources like the CDC offer thorough and frequently-updated pages with the most current information related to COVID-19 cases, vaccination, treatment, and other public health guidance. Experts like Dr. Anthony Fauci have taken to social media alongside their government counterparts to promote this guidance and encourage vaccination, among other things. These are informational experts, engaged in exactly the kind of process Hartelius described. They stay up-to-date with the most current health and science research and present that information back to public audiences in a way that is useful in making individual health decisions.

Malexpertise

This process has a potential to be coopted, though. Just as true experts like Dr. Fauci have been able to spread public health guidance via social media, so too have bad actors who want to dissuade people from following that same guidance. For the remainder of this dissertation, it is the rhetorics of these bad actors to whom I will turn. I believe that when rhetors provide unscientific and dangerous medical advice to their followers under the guise of science of medicine, they are not behaving as experts. Rather, they constitute a new form of expertise: malexpertise. Malexperts are those recognized by audiences as possessing some knowledge/skill, but who do harm to their audiences. Malexpertise is thus the demonstration of knowledge/skill that results in harm to audiences. When assessing harm, the question is one of impact not of intent. Malexperts may or may not *want* to cause harm, but a constitutive feature of the malexpert is that they do in fact cause some degree of material harm to their audiences.

For both malexpertise and true expertise, audience recognition is key. Someone who is unable to demonstrate knowledge/skill to an audience is simply not an expert. A key difference between true experts and malexperts is in their participation in the scientific process. Just as experts are constituted, in part, through their participation in the development of consensus, malexperts are constituted through their refusal to engage with this process. Malexperts will often seek to subvert this process by manufacturing consensus, to create the appearance that they have in fact engaged with other experts and are on the side of consensus when they are, in fact, not. For the remainder of this project, I will focus on the anti-COVID-vaccination rhetorics of a group of twelve individuals known as the Disinformation Dozen. Over the following several pages, I will introduce this set of rhetors and illustrate the impact they have had on the spread of anti-COVID-vaccination messaging.

The Disinformation Dozen

According to the Center for Countering Digital Hate (CCDH), 65% of all vaccine-related disinformation on social media can be traced back to twelve individuals whom they refer to as the Disinformation Dozen (DD).[59] These twelve individuals also account for 73% of the anti-vax content on Facebook alone, sending out up to 10,000 posts per month to their groups of followers; the CCDH estimates that across all social media platforms, these dozen people have a combined 59.2 million followers and counting.[60] Additionally, the 147 largest anti-vax social media accounts (most of which are moderated by the DD) saw an increase of followers by 19% from 2019 to 2021. That means that since the COVID pandemic started, anti-vaccination groups have gained *at least* 7.8 million new followers, and that number is still growing.[61]

Two members of the DD are licensed, practicing MDs – Kelly Brogan and Christiane Northrup. Three of the DD are practicing doctors of osteopathy (DO) – Joseph Mercola, Sherri Tenpenny, and Rishad Buttar – all of whom are currently practicing medicine and offer what

they describe as alternative approaches to medicine.[62] Ben Tapper is a licensed chiropractor who also claims to practice alternative medicine, using much the same language as the DOs listed above.[63] There are also a number of couples represented in the DD. Ty and Charlene Bollinger are listed as a single member of the DD because all of their social media accounts are jointly operated, but two other couples managed to secure their own places on the list. Joseph Mercola and Erin Elizabeth are married to one another and are both listed separately on the DD because of their individual influences. Sayer Ji and Kelly Brogan, two other members of the DD, are also married and work together on a number of alternative health projects.[64] These relationships are interesting in their own right, and they begin to illustrate how the DD are networked with one another as particular kinds of experts.

Two members of the DD, Rizza Islam and Kevin Jenkins, perform a slightly different form of anti-vaccination rhetoric than the others. Though Islam and Jenkins certainly align with the viewpoints of the DD, they approach the topic of COVID vaccination from the standpoint of medical racism as opposed to more general anti-vaccination claims. These two advocate for vaccination refusal because they are afraid that Black people will be exploited and experimented upon, as they were in the Tuskegee syphilis experiments. At their most extreme, both Islam and Jenkins argue that the only way for Black Americans to avoid the harms of medical racism is to disengage from the American medical system to the fullest extent possible.[65]

Five members of the DD – Robert F. Kennedy Jr., Ty and Charlene Bollinger, Erin Elizabeth, Sayer Ji, and Kevin Jenkins – operate multiple accounts on social media platforms, some individual and some for their various health-related organizations. Each of these five members has much of their disinformation routed through their official-sounding groups to their personal pages as a way of granting themselves legitimacy. RFK Jr. uses his Children's Health

Defense to collect money, that he uses to promote his anti-vaccination causes.[66] Ty and Charlene Bollinger operate their group The Truth About Cancer by producing documentary-style videos about various cancer (and now COVID) treatments being illegitimately produced and dangerous.[67] Erin Elizabeth and Sayer Ji both run health news blogs called Health Nut News and Green Med Info respectively.[68] Finally, Kevin Jenkins is the founder of the Urban Global Health Alliance which claims to work on decreasing the prevalence of chronic diseases in urban populations.[69]

Each of these legitimate-sounding organizations allow members of the DD to spread their anti-vaccination messages to even wider audiences than they can reach with their personal accounts alone.[70] These organizations are perhaps even why some of these individuals made the DD list at all, given that they circulate nearly identical information through their personal and organizational pages. It may be the case that the expert status of these individuals is amplified because they run external groups, despite the fact that most of these groups do not seem to do anything other than recycle the messages of the individuals running them.

There are four platforms where I will look for content throughout the course of this study: Facebook, Instagram, X (formerly known as Twitter), and Telegram.[71] The first three platforms were chosen because, according to a 2021 Pew Research study, they are three of the top 7 most-used social media platforms in the United States.[72] 69% of US adults report using Facebook, 40% use Instagram, and 23% use X, according to Pew Research.[73] These sites are also used as ways to gather and share information, find news, and connect with friends and family members. 36% of US adults report regularly getting news from Facebook, 15% report getting news from X, and 11% report getting their news regularly from Instagram.[74] Additionally, when it comes to health-related information-seeking, 11% of US adults report seeking out health information on

social media sites like Facebook and X, and 9% report looking at the same sites to find treatment options.[75] For these reasons, as well as others that will be detailed throughout this section, Facebook, X, and Instagram are essential social media sites for studying the rhetoric of the DD.

YouTube is at the top of what Pew Research identified as the most-used social media sites, with 81% of surveyed US adult respondent reporting that they use the platform. However, YouTube does not currently host any accounts from members of the DD. Nearly all members had accounts at some point, but all have been removed from the platform as of April 2024. Though there are still many videos featuring the DD as interview subjects, consulting experts, and talk-show guests, none of these videos were originally posted by members of the DD.

The final platform I mentioned above, Telegram, is a relatively new platform that members of the DD have moved to after being removed from the more mainstream platforms. Telegram is a messaging app that allows users to directly message one another, as well as to join groups that receive messages from influencers or companies. Users can respond to these messages, as well as share them on their own personal accounts. According to a 2021 survey, 71% of Telegram's 500 million global users report getting the majority of their news information from the platform.[76] Though most of the user base for Telegram is not in the United States, US users are growing more rapidly than any other national demographic.[77] Moreover, this number of users who report getting their news information on the platform is significant, even if only a small number of these people are using the platform from the US.

Telegram is significantly less-moderated than platforms like Facebook, X, Instagram, and YouTube, which also makes it a good platform for misinformation-spreaders as they are at little risk of their posts being removed. Because of this, the content on Telegram tends to be more explicitly anti-vax or even COVID-denying than content on other platforms. Moreover,

Telegram users are able to interact with the DD in a more personal way via the Telegram platform since it is primarily a messaging app. While I have no way of knowing how or if members of the DD respond to individual messages they get from subscribers, it is clear from comments and posts on the platform that members of the DD frequently interact with their followers and spread (mis)information.

The DD as Exemplars of Malexpertise

The Disinformation Dozen earned their name precisely because they are prone to sharing incorrect, misleading, and often dangerous information with their audiences. All twelve of them are staunchly opposed to vaccinations of all kinds, and are especially wary of COVID-19 vaccines. However, each of them seems to be perceived by their followers as a kind of medical expert. Commenters frequently ask them for advice or mention that, because of DD recommendations, they are refusing COVID vaccination. The sheer spread of the DD's messaging also seems to lend some legitimacy to their rhetorics in the eyes of their audiences. Most of the DD post several times a day, making it appear as though they are constantly engaged in scientific conversations.

However, despite their followers' perceptions, the DD are not practicing a true form of expertise. Instead, they are malexperts. First, and most importantly, much of the information they share with their followers goes against scientific consensus and medical research. Recall that our trust in science – and by extension our trust in experts as representatives of science – is built upon consensus. We know that the COVID-19 vaccines work because there are leagues of studies confirming that they work. However, each of these so-called experts denies this consensus when they discourage vaccination among their followers. Second, my definition of expertise requires that the knowledge/skill demonstrated to audiences not cause harm to those

audiences. In the case of the DD, the harms that result from their rhetorics (vaccine refusal, denying COVID treatment, ignorance of public health guidelines) are clear.

Despite their harmful recommendations and distance from scientific consensus, malexperts are rhetorically powerful. Their rhetorical strategies mimic those of true experts, and they are thus not recognized as malexperts until a great deal of harm has already been done. And, as demonstrated by the DD, audiences still listen to them. Malexperts have taken over our information ecosystem and have, at least in part, contributed to the low uptake of COVID-19 vaccination in the United States. Over the next several chapters, I will develop this concept of malexpertise by analyzing the rhetorics of six key members of the DD, whom I will introduce below.

My first cast study looks at two members of the DD, Dr. Sherri Tenpenny and Dr. Christiane Northrup. Each of these rhetors relies on their status as a physician to legitimize themselves as a provider of health information. However, rather than advising their social media followers to seek medical care or treatment, they encourage them to distrust all other doctors. These Disinformation Doctors demonstrate how malexperts work to distance themselves from scientific consensus and set themselves apart rather than collaborating with their peers. In this chapter, I will also briefly explore the role that religion plays in anti-COVID-vaccination rhetorics as both Dr. Tenpenny and Dr. Northrup consistently reference religion as part of their anti-vaccination advocacy. I argue that the primary rhetorical strategies employed by these Disinformation Doctors are a priestly voice that allows them to speak as sharers of higher knowledge, ad hominem attacks against other doctors, and the production of bullshit. Each of these strategies are constitutive of the malexpert who seeks to distance themselves from other experts and speak as a sole, authoritative voice.

Second, I will investigate the rhetorics of Dr. Joseph Mercola and Robert F. Kennedy Jr., who I will refer to as the Informational Influencers. Like our Disinformation Doctors, each of these rhetors relies on their professional status as a physician and lawyer, respectively, to legitimize themselves in the minds of their audiences. Rather than explicitly providing health recommendations, these Informational Influencers curate large sets of information, digest and organize them, and summarize their findings for their followers. These sets of information often contain retracted scientific studies and unverified claims, but are framed by Mercola and Kennedy as definitive proof of the dangers of COVID-19 vaccination. This is a distinctly different form of malexpertise that manufactures consensus in order to appear to be on the side of science when, in actuality, it is a near complete denial of current medical science. Though they do not claim to be offering recommendations, Mercola and Kennedy are still giving advice and clearly engaged in a persuasive campaign to discourage COVID-19 vaccination among their followers.

In my third and final case study chapter, I analyze two rhetors I call the Racialized Reactionaries. Rather than relying on current scientific or medical data to dissuade their followers from vaccinating against COVID-19, Rizza Islam and Kevin Jenkins rely on historical evidence of medical racism. They argue that there is a legacy of exploitation of Black Americans throughout the history of medicine, especially when it comes to developing new treatment protocols. As a result of this history, they argue, Black Americans have no choice but to disengage entirely from the American medical system. This is a unique form of malexpertise that is in fact aligned with historical consensus about legacies of medical racism, but becomes harmful when it argues that full disengagement is the only option.

Finally, I will discuss each of these rhetors as a set to argue that the key differentiation between experts and malexperts is not just in their propensity to cause harm but in how they respond once they become aware of harms that have been caused. In each of these case studies, there is a clear harm of reduced vaccination among the followers of these rhetors. There are other related harms throughout these examples as well, including refusal of medical care, recommendation of unverified (or verifiably dangerous) alternative treatments, and disobedience of public health recommendations. However, when challenged about any of the actual or potential harms they have caused as a result of their COVID-vaccine denial, each of these DD members refuse to engage. They do so by flatly denying accusations of harm, diverting attention from their critiques by re-emphasizing what they see as the harms of vaccination, and doubling down on their original positions. My argument is that the malexpert is a particularly dangerous rhetorical figure both because they have a propensity to cause harm to their audiences and because they refuse to acknowledge – or atone for – the harms they have caused.

Moreover, when the DD refuses to engage with their critics, they demonstrate yet another key feature of malexpertise: a disassociation from the process of science and a refusal to engage in good faith debate with other experts. Malexperts refuse to engage in the process of deliberation that results in building a scientific consensus and, as a result, often spread information that results in harm to their audiences. By exploring the rhetorical tactics of malexperts, including how and where they differentiate themselves from other experts and shut down debate, I hope to establish a framework for identifying where malexpertise shows up in the public sphere. Only once we can find malexperts can we begin to intervene into their more problematic rhetorics. And, as will become clear throughout the course of this dissertation,

intervention will be necessary to prevent further harms related to COVID-vaccine and treatment refusal.

Chapter 2

The Disinformation Doctors: When Doctors Disagree with Medicine

Medical doctors – or, really, anyone with an advanced degree in a specialized field – cleanly fit within even the most stringent definitions of who gets to be called an expert. Even theorists like Collins and Evans who believe expertise to be an intrinsic quality that must be earned would acknowledge that medical doctors should be considered experts who can be trusted on health-related matters. In many ways, this trust is deserved. Practicing physicians, at least in the United States, have to acquire several qualifications before even speaking with patients including attending and graduating from medical school, completing a medical residency, studying for and passing certification boards, and annually renewing various licenses. Each of these regulatory processes are designed to ensure that any doctor who actively examines, diagnoses, or treats patients is practicing medicine safely and in line with scientific consensus.

The problem is that this system does not always work to ensure that all practicing physicians are on the same page about medical treatments and how best to adhere to recent scientific developments. In any field, there will be disagreements about the particularities of methods, and medicine is no exception. Recall that when we understand science as a process, it is precisely these disagreements between experts that allow for the advancement of medical research. Excellent doctors can and, to some extent, should disagree about best treatment practices, surgical techniques, and any number of esoteric medical procedures. No one treatment will be universally effective, and thus engaging in debate about how and when to implement different treatments can help advance medical practice.

However, another form of disagreement has become more prevalent in recent years. This disagreement is based on questioning fundamental understandings of science and medicine, such

as how the immune system works, whether certain drugs are safe for human consumption, whether pharmaceuticals are effective, and even whether medicine should be based in Western science at all. Disagreements of this type often do not begin from the common ground that science and its processes should be trusted. Instead, they question the underlying assumptions and values – such as objectivity, trust in the scientific method, belief in medicine, etc. – that are fundamental to the practice of science and medicine.

Several members of the DD fall into this category of traditional medical experts who have eschewed the traditional values and knowledge of Western medicine in favor of spreading what they see as the real truth. These so-called real truths vary from skepticism about the speed of the initial FDA approval trials for COVID vaccinations to outright denial that COVID as a virus even exists at all. In the remainder of this chapter, I will analyze two prominent members of the DD who seem to be attributed expertise due to their status as physicians while simultaneously positioning themselves online as anti-COVID-vaccination advocates. These individuals are: Dr. Sherri Tenpenny and Dr. Christiane Northrup. Though there are others in the DD who hold medical degrees I have chosen these two because they seem to be ascribed the most power *because* of their status as medical doctors. These influencers manage to achieve this power in different ways, though. In the following sections, I will introduce both Dr. Tenpenny and Dr. Northrup and review some of the key anti-COVID-vaccination rhetorics that emerge from each of these key figures within the DD. First, Dr. Tenpenny will illustrate the malexpert's tendency to hedge their claims against potential opposition and the ways in which fear is manipulated as an argumentative tactic. I will then introduce Dr. Northrup, who performs a slightly different form of malexpertise in which she relies on spiritual wisdom an appeals to bodily sensation. I argue that both of these figures rely on a version of priestly rhetoric to

transmit what they view as higher knowledge to their audiences. Finally, I will illustrate how both of these figures use ad hominem attacks and the proliferation of bullshit to distance themselves from other experts and shut themselves off from debate. Each of these rhetorical strategies work to establish Dr. Tenpenny and Dr. Northrup as malexperts.

Dr. Sherri Tenpenny

Dr. Sherri Tenpenny is a long-time anti-vaccination advocate. Her career began when she earned a degree in osteopathic medicine from the Kirksville College of Medicine. She went on to serve as the director of an emergency medicine department at a regional hospital in Ohio for nearly fifteen years. She quit her position as director in 1996 so that she could open three of her own practices – the most recent of which opened in 2011 – specializing in what she calls integrative osteopathic medicine. In addition to her medical practice, Dr. Tenpenny is a prolific writer, with near-daily articles on her Tenpenny Report blog, constant posts on her various social media pages, and two published books: *Saying No to Vaccines* and *The Risks, The Benefits, The Choices: A Resource Guide For Parents*.[78]

Dr. Tenpenny's medical license was indefinitely suspended by the State of Ohio in September 2023 after Tenpenny refused to cooperate with a medical board investigation.[79] Even before her license was officially suspended in 2023, there was a good deal of speculation about whether she would be able to maintain her status as a licensed physician. One of the primary reasons for this speculation was Dr. Tenpenny's involvement with COVID denial and anti-COVID-vaccination movements. In June of 2021, Dr. Tenpenny testified in front of the Ohio House of Representatives on a bill known as the "Vaccine Choice and Anti-Discrimination Act" that would have prohibited businesses from requiring vaccination or even asking employees about their vaccination status.[80] In her testimony, Dr. Tenpenny claimed that "people who have had [COVID] shots . . . they can put a key on their forehead and it sticks. They can put spoons

and forks all over them and they can stick because now we think there's a metal piece to that." She does not clarify what metal piece she is referring to, or even what "that" is, only that the COVID vaccines are making people magnetic. In the same testimony, she claims that there is "an interface between what's being injected in these [COVID] shots and all of the 5G towers" and though, again, she does not clarify what exactly this interface is or what it might do, she uses this supposed link between vaccination and cell phone towers to support her testimony against the bill.

A clip of her testimony was posted on X the day it was given by Axios reporter Tyler Buchanan and, at the time of writing, has been viewed more than 5.6 million times on this original posting alone.[81] The same video was posted independently on YouTube, and has over 140,000 views at the time of writing. According to the Facebook analytic tool CrowdTangle, that video was shared by 51 separate pages to a total of more than 11 million followers. My point in sharing these numbers is to show that this was an incredibly influential testimony. Though I imagine that many of the views and shares this video received on social media were from people who were outraged at her testimony, or by those sharing the clip to make fun of her and other anti-vaxxers who testified in the same hearing, there were certainly some cases in which this video was shared as legitimate information.

One case of the video being shared to a sympathetic audience comes from Erin Elizabeth, a fellow member of the DD, who posted the video of Dr. Tenpenny to her Telegram channel the day of her testimony. To date, Elizabeth's post has received over ten thousand views, and has received 70 comments from her followers. One commenter, Carolyn White, claimed to know "two people who took the jab and are now magnetic," while another going by the screen name

"Seeking Serenity" commented simply "I love Dr. Tenpenny! . . . There are MANY videos of this happening," presumably referring to post-vaccine magnetism.

This claim about COVID vaccines and magnetism is by no means Dr. Tenpenny's only foray into the world of anti-COVID-vaccine rhetorics. Though she has been removed from all mainstream social media platforms because of her propensity to share false information about COVID vaccines, Dr. Tenpenny still has a very active online presence.[82] She maintains profiles on several social media sites including: Gab, CloutHub, Bitchute, and Rumble – many of which are heavily-used by other anti-vaxxers and misinformation spreaders that have been deplatformed from more mainstream sites like Facebook – and is most prolific on the social media platform Telegram, where she currently has 156,350 subscribers and posts upwards of a dozen times per day.

On Telegram, Dr. Tenpenny's bio describes her as a "warrior for the preservation of human DNA." The content of posts on her Telegram channel varies between shared articles about the economic impacts of COVID shutdowns and mask mandates, dangers of the COVID vaccine, corruption in the FDA and CDC, and general disdain for vaccinations and vaccine mandates. She also shares memes, personal photos, and links to her podcast "This week with DrT." In total, her posts have generated over 198 million views on the platform since the creation of her account in July 2020, according to Telegram's analytic tool, Popsters.

Dr. Tenpenny distances herself from other experts and medical professionals when she introduces herself on her personal website as a "Doctor and **Voice of Reason** about Vaccines and Current Events" in addition to a "Doctor, Speaker, Author, Consultant, Entrepreneur, and (most importantly) Christian" (emphasis original).[83] Even though she emphasizes her identity as a Christian being the "most important," it seems notable that she introduces herself as a doctor on

two separate occasions. The entire "about me" section on her website is also focused on her history as an "osteopathic medical doctor" and includes numerous examples and descriptions of her work in medicine. This biography claims that Dr. Tenpenny is "widely regarded as the most knowledgeable and outspoken physician on the adverse impact that vaccines can have on health" and that she has "invested 20+ years and far more than 40,000 hours researching, documenting and exposing the problems associated with vaccines."[84] Including these notes about her medical credentials along with her anti-vaccination stances seems like an intentional move to set herself apart from other physicians, of whom the vast majority believe in the safety and efficacy of vaccination.

One sub-section of her website is devoted to a blog called "The Tenpenny Report" which contains posts from numerous authors, most of which are about the dangers of the COVID-vaccine and other COVID-related conspiracies. Posts on Dr. Tenpenny's blog, including one from March 2022 entitled "Understanding the Mechanisms of the Experimental Genetic Technology Referred to as COVID-19 'Vaccines,'" have the following disclaimer added:

> *The COVID-19 jabs are not vaccines; they are experimental injections. Dr Tenpenny does not support or endorse using the word 'vaccine' when relating to any of the COVID jabs. The article has direct quotes, and we are obligated to use the authors' original wording*.[85]

After this note, the aforementioned article goes on to claim that COVID vaccines are "arguably eliminating the immune system" and that they are "arguably an engineered bio-weapon . . . this experimental jab has never before been used in humans and is a genetic altering technology, *not a vaccine.*"[86] I want to make three brief observations about this disclaimer, and the subsequent

article, because they illustrate the rhetorical tactics that Tenpenny uses throughout her anti-COVID rhetoric.

First, in this disclaimer and throughout her social media presence, Dr. Tenpenny refers to the COVID vaccine as a "jab." In fact, a primary purpose of this disclaimer seems to be reinforcement of her claim that the COVID vaccines are not, in fact, vaccines but instead some kind of government experiment. The metaphorical association of vaccination with a "jab" is meant to imply a kind of violent invasion, a breaking of the body's barriers to insert a foreign, and potentially dangerous, substance. Later in the same article, Tenpenny refers to the vaccines as "kill-points" and as a "poison," and to vaccinated individuals as "jabbed person[s]."[87] These metaphors of violence and victimhood are powerful rhetorical tools in Tenpenny's construction of the COVID vaccines as dangerous, invasive, and to be avoided at all costs.

Second, each of these statements hedges itself by saying that COVID is "arguably" causing these effects rather than outright making these claims. Hedging statements like this is an effective way of ensuring that any amount of fact-checking will be insufficient to disprove your claim, as it was never claimed with any certainty in the first place. This is another tactic that malexperts tend to use as a way of avoiding good-faith debates with other experts, by refusing to provide evidence for their claims – or by refusing to even make claims at all – they make it impossible to engage with the substance of their ideas.

Finally, these statements illustrate the larger narrative that Dr. Tenpenny constructs across her social media presences: that the COVID vaccine is dangerous and everyone involved in its creation, distribution, and promotion must be dangerous too. She is distinguishing herself from other experts who believe in vaccine safety, and positioning herself in stark opposition to the systems of consensus-building that have led to the verification of COVID vaccines. Dr.

Tenpenny states that people should place their trust in her rather than the "corrupt mainstream medical system." This statement that only Dr. Tenpenny should be trusted, and that the rest of the medical system is corrupt, is further evidence of her malexpert status.

Dr. Christiane Northrup

Dr. Christiane Northrup began her career in medicine at Dartmouth Medical School, and subsequently at Tufts Medical Center in Boston where she completed her residency. For 25 years, Dr. Northrup was a practicing obstetrician/gynecologist, but she allowed her medical license to expire in 2015.[88] Dr. Northrup rose to prominence upon the publication of her best-selling 1994 book *Women's Bodies, Women's Wisdom*.[89] In total, the book has sold over 1.6 million copies and has been translated into 17 languages.[90] Several subsequent editions of this book have also been published, the most recent of which was released in 2020.[91]

In addition to being a *New York Times* bestseller, Dr. Northrup's book landed her a spot on Oprah's talk show in 2007.[92] Dr. Northrup would return to Oprah's show several times over the next decade, offering up advice on women's health and spirituality. In 2016, she was named one of Oprah's "Super Soul 100," who were described in an official press release as "innovators and visionaries who are aligned to move humanity forward."[93] Dr. Northrup was also named one of Readers' Digest's "100 Most Trusted People in America" in 2013; the article announcing this distinction stated that "we really trust doctors (especially if they're on TV)" before presenting the statistic that 44% of their surveyed readers believed Dr. Northrup to be a trustworthy source of information.[94]

Dr. Northrup has also written several other books, including *The Wisdom of Menopause* which had a 4th edition released in 2020; *Dodging Energy Vampires*, a book on how to hold relationships as an empath; *Goddesses Never Age*, a book containing anti-aging remedies, which became a New York Times bestseller; *The Secret Pleasures of Menopause*; a children's book

entitled *Beautiful Girl: Celebrating the Wonders of Your Body*; and the newly-released *Mom's Guide to the COVID Shot*.[95] All of her books center around topics of women's health, relationships, and empowerment.

Throughout these books, Dr. Northrup tells stories about her own experiences and the experiences of other women. Much of the "women's wisdom" contained throughout these volumes includes stories about going through pregnancy, childbirth, and menopause, with descriptions of the so-called alternative remedies that helped women alleviate their symptoms. This is a form of maternal expertise, where women trust other women implicitly because they have the shared physical experience of motherhood. It is not, however, a form of medical expertise. In fact, when describing childbirth in her "Women's Bodies" book, Northrup claims that "if you . . . turn over your body to experts without consulting your inner wisdom, you will be missing out on a very empowering experience."[96] The idea here is that women understand their own bodies better than any doctor ever could, and they should therefore use that internal power to guide their medical care regardless of what doctors might recommend.

These themes of empowerment and the uniqueness of women's medicine show up on her social media pages as well.[97] Dr. Northrup does still actively maintain both a Facebook and Instagram page, which at the time of writing have 565,000 and 15,000 followers respectively. She also has 115,800 followers on her X page, though most of the posts there are shared content from her other social media sites. On each of these sites, she introduces herself as "a leading authority on women's health and wellness" and implores people to "follow me for all of your health and freedom information." Dr. Northrup is also very active on the platforms Telegram, where she has over 78,000 followers, and MeWe, where she has 6500 followers.

Though Dr. Northrup initially rose to prominence because of her work on women's health, her more recent efforts have been focused on the COVID pandemic and what she refers to as the "Great Awakening." Beginning in April 2020 – 4/4/2020 to be exact, a date apparently significant to followers of Numerology and relevant to meditative practice – Dr. Northrup has posted over 200 Facebook videos in her series on "The Great Awakening" which is a term that she does not seem to want to specifically define, though she discusses it as a phenomenon based in meditation and spirituality.[98]

Throughout this video series, Dr. Northrup interweaves commentary about the importance of spiritual awareness and meditation with notes about the ushering in of the "age of Aquarius" and how her time "on Atlantis . . . doing work to upgrade DNA" in another lifetime is beneficial to her understanding of the human body in this lifetime.[99] She spends quite some time across these videos on the topic of astrology, referencing a few other content creators that she follows for advice on the cosmos, including one astrologer, Anne Ortlee, who apparently hosts a series on what she calls "the COVID clump," a planetary grouping that controls both the spread and prevalence of COVID.[100] Dr. Northrup references these astrologers and astrological phenomena seemingly as a way to connect with her audience and give credence to her claims that connection with the cosmos can be possible through meditation. This continued focus on the spirituality of COVID and its planetary implications is evidence of Dr. Northrup's malexpert status. Rather than turning to medical evidence to support her claims, she relies on astrology and meditation as the solutions to COVID-related issues.

The Priestly Voice

In addition to their anti-COVID rhetorics, both Dr. Tenpenny and Dr. Northrup spread messages related to religion and spirituality. As illustrated above, Dr. Northrup is clearly

engaged in spiritualist rhetoric throughout her "Great Awakening" series. Her primary religious practice seems to be meditation. She offers several explanatory videos about how to maximize spiritual (and physical) wellness through meditation, and often repeats her claim that a connection to the cosmos is the only way to be truly healthy. Comments on Dr. Northrup's "Great Awakening" series indicate that at least some of her followers initially discovered her content because they were seeking meditation guidance. These followers seem to regard Dr. Northrup as an expert in spiritual practice more than a medical expert.

Comments on Northrup's various social media pages confirm that her followers do in fact see her as a kind of spiritual leader. The first – a comment on Dr. Northrup's December 21 "Great Awakening" video in which she discusses solstice rituals, planetary convergence, and flat earth theories – directly addresses Dr. Northrup, saying that she is "the light that warms all hearts. . . the light that heal [sic] my soul. . . a blessing and a gift to the entire human collective."[101] Dr. Northrup thanks the commenter and responds by saying that the comment is "beautiful." In another comment on the same video, Facebook user Janis Pettey Huey thanks Dr. Northrup for remaining "open to possibilities" and that even though "I don't agree with everything you believe . . . I can just enjoy you for being YOU," to which Dr. Northrup offers a brief, confirmatory response.[102] One final example of a commenter who clearly wants to engage with Dr. Northrup as a spiritual guide comes from Facebook user Janet Connell, who offers a lengthy comment on another "Great Awakening" video claiming that "we are energetically quantumally [sic] entangled while in these physical bodies . . . when one body is left to cycle back into the earth we literally feel the absence in our energy field and we call it grief."[103] Dr. Northrup responds to this commenter by saying simply that "I like this!!," which makes some

sense given that this comment was posted on a video in which she discusses how to deal with grief and what happens when our bodies "leave this Earthly plane."[104]

Dr. Tenpenny also relies on religious rhetorics to establish herself as a kind of expert to her followers. Recall that Dr. Tenpenny referred to her Christianity as the "most important" thing about her in her website bio, illustrating the deep connection she has to her religion. Much of the advice Dr. Tenpenny gives across her social media pages is about "spiritual wellness" and what it means to be a Christian. Dr. Tenpenny's "Happy Hour with Dr. T" Instagram page, marketed as a spiritual wellness Christian group, has 32,000 followers and posts frequently about "getting your spiritual house in order."[105] Like Dr. Northrup, Dr. Tenpenny is able to establish herself as a religious expert and as a spiritual leader in addition to relying on her medical expertise.

Each of these rhetors demonstrates an ability to access a priestly voice, a didactic style described by rhetorician Thomas Lessl as allowing rhetors to transcend boundaries between an elite group and lay audiences by sharing information and, often, providing moral direction.[106] Priests serve as representatives of an entire belief or value system because they present themselves as having special "insider" knowledge due to a close connection with God. God speaks to priests, and then priests speak to lay audiences. For Lessl, the priestly voice is not limited to religious settings but can be employed by any rhetor who wants to share "insider" knowledge with broad audiences of followers. When malexperts tend to employ a priestly voice in an explicitly religious sense, sharing "insider" knowledge of a supernatural nature.

In a religious sense, priests are those who can translate the word of God to spread truth to the masses, something Northrup explicitly claims to be doing in her "Great Awakening" video on December 21, 2021. She opens this particular video playing a harp, and goes on to claim, among many other things, that she recently held a "solstice ceremony" for herself, and she

emerged from that ceremony as a "powerful, divine human being" who wants to help other human beings realize their own powerful, divine potential. Dr. Tenpenny engages in this kind of translation too throughout her "Happy Hour With Dr. T" posts when she shares bible verses and her interpretation of them to her followers. Dr. Tenpenny also hosts monthly bible studies with groups of dedicated followers, illustrating that she is able to share religious knowledge with her audiences.

Northrup and Tenpenny also employ a priestly voice when discussing scientific matters, a topic area that Lessl described as one where the priestly voice can flourish because science is often shared in a limited form by experts to audiences of non-experts.[107] Science "speaks" to experts, and then experts speak to lay audiences. The goal of any expert speaking in the public sphere is to figure out how to harness the instructional power of the priestly voice not just to provide moral direction or mediated access to the truth but also to educate about the subject of their expertise. Northrup certainly uses a priestly voice when she introduces herself as the one to follow for "*all* your health and wellness information." Northrup positions herself as someone who can speak with wisdom on matters of spiritual wellbeing and overall health. Dr. Tenpenny mirrors this strategy as well when she claims that followers should only listen to her and not the rest of the "corrupt mainstream medical system." Each of these rhetors positions themselves as a kind of prophet, sharing insider knowledge that only *they* can provide.

Once Dr. Northrup and Dr. Tenpenny's followers begin to see them as experts – either because of their backgrounds as physicians or because of their spiritual leadership, or both – they start turning to them for advice. Such is the role of any expert. However, the advice that Northrup and Tenpenny tend to offer to their followers, and the information they spreads about COVID, is where their expertise transforms into malexpertise. Dr. Tenpenny claims that COVID

vaccines, or "experimental gene technology," as she calls them, are dangerous because they work to manipulate the body's DNA and therefore are more dangerous than COVID infection.[108] In a Telegram audio post on March 23, 2022, Dr. Northrup claims that she has maintained throughout her career that "vaccines are neither 100% safe or effective" and that "the number of people who have been vaccine-injured is staggering."[109] It is notable that she does not include a specific "number" of people who have been injured by COVID vaccines, nor does she describe what exactly she means by "vaccine-injured."

Northrup's refusal here to give a number of people who have been injured by vaccines, or even to give specific examples of the types of injuries people have suffered as a result of vaccination, serves as a powerful argumentative tool. Because she is requiring audiences to provide their own evidence she is setting up an enthymematic condition wherein anything that seems like it *could* be a vaccine injury will function well enough as evidence for audiences who are already predisposed to believing that any negative health effects they might be experiencing must be the result of vaccination. This means that much of her audience will be convinced that they themselves, or their families, have in fact experienced vaccine injury because they have vague symptoms that could be portrayed as side effects. Not only that, anyone who supplies their own evidence to fill in an enthymeme will necessarily feel a deeper connection to the end point of argument, meaning that audience members who have "discovered" their own injuries will likely feel even more justified in their beliefs that vaccination is dangerous. This final move also strengthens her position as a prophet who can offer an explanation for previously-unexplained health complications. In some cases, it requires a degree of faith to attribute symptoms to vaccine injury, and by employing a prophetic and religious priestly voice rather than a traditionally-scientific one, Dr. Northrup allows room for faith-based explanation of worldly phenomena.

Information or Advice?

When they employ a priestly voice, Dr. Northrup and Dr. Tenpenny are able to centralize their efforts on providing general spiritual or religious advice as opposed to providing specific medical or health information. One of the things I find most interesting about Dr. Northrup in particular is that she frequently mentions that it is not her desire to tell people what to do, but rather to simply provide information so that people can decide for themselves how they want to handle their own health. In an article on her personal website, about "commonly asked vaccine questions," Dr. Northrup notes that she has always been "an advocate for women (and men) talking control of their health" and that her goal is to provide information with which to take that control.[110] She goes on, however, to say that she cannot tell people "which vaccines they should or shouldn't get," despite spending the remainder of the article discussing the dangers of all types of vaccination.[111]

Another example of Dr. Northrup hedging her advice shows up in one of her "Great Awakening" Facebook videos, where she claims that she will "never tell you what to do, and increasingly I won't even give you the links for stuff because it's important that you find this stuff on your own." She does not clarify what exactly she means by "this stuff," though she does go on to talk about how difficult it is to find information given that "everything that's the truth, they scrub it," presumably referring to the removal of vaccine denial from mainstream social media and news sites.[112] I find this statement about not sharing information with her followers particularly interesting because, one, she *does* share links with her followers quite frequently. An entire section of her website is devoted to blog posts reviewing a vast array of health topics – one of which was reviewed above as offering anti-vaccination information.

More importantly, though, Dr. Northrup's claim that she does not want to tell people what to do, and especially her note that she will not share links with her followers, seems to contradict her stated mission of sharing "health and freedom information." If she is literally unwilling to share information, in the form of posting links, then what is it that she believes she is doing? Moreover, people *do* listen to her and do as she says, as indicated by the numerous comments and questions on her Facebook videos, many of which Dr. Northrup responds to.

One Facebook commenter, Shelly Johnson, tells Dr. Northrup that "we listen to you and go to all of the websites you tell us about. We're spreading the info and doing everything we can to get the message out," to which Dr. Northrup responds quite simply "thank you so much!!."[113] Though this interaction is relatively mundane, it shows both that Dr. Northrup's followers listen to her advice, and that she is aware of this. Other commenters ask her questions about certain supplements, treatments, and spiritual practices and Dr. Northrup frequently responds with advice about where to purchase products (her own healthstore), what kinds of things to ingest, and how to engage your spirituality. These advice-giving practices seem to be in fairly direct contradiction to her note that she does not want to tell people what to do. In one pressing instance, Dr. Northrup goes as far as telling the commenter that "you should NOT listen to me." This direct instruction to "NOT listen" is particularly interesting on a social media post, which was presumably made with the intention of being viewed and, by extension, listened to.

In part, this phenomenon of offering advice while simultaneously telling followers to "not listen" can be explained through Dr. Northrup's use of the priestly voice. As described above, the role of any priestly figure is to share information and provide moral guidance to lay audiences. In this case, Dr. Northrup seems to see herself as a provider of information and as a spiritual guide, but not as someone willing to directly influence the actions of her followers. This

lack of specific direction is consistent with her overall messaging that everyone should take control of their own health, and that your own body is the primary source you should listen to above all else. Dr. Tenpenny too seems to engage in this kind of hedging, albeit less explicitly, when offering advice to her followers. This notion that Dr. Northrup and Dr. Tenpenny are merely providing information, rather than advice, to their followers mirrors strategies used by other members of the DD, which will be further explored in the following chapter. In all of these cases, though, there is a primary directive coming from our malexperts that their followers should do their own research.

We Are Not Dr. Fauci

One of the more consistent tactics deployed by both Dr. Tenpenny and Dr. Northrup is a differentiation between themselves and Dr. Anthony Fauci, the former head of the National Institutes of Health and one of the United States' foremost public health experts. Dr. Fauci played a key role in addressing the COVID pandemic as the President's Public Health Advisor, and was therefore seen by much of the American public as a representative expert who could speak about COVID measures with some legitimacy. For our Disinformation Doctors, though, Dr. Fauci is used as a stand-in figure to represent all that is wrong with the American medical and pharmaceutical systems. In differentiating themselves from Dr. Fauci, both Northrup and Tenpenny solidify their status as malexperts who are uninterested in collaborating with other experts. Fauci is an expert because he can speak for medical science, and therefore questioning him as a public figure works argumentatively as a questioning of all mainstream medical science.

A simple keyword search of "Fauci" on Dr. Tenpenny's Telegram channel brings up 270 posts within the past year. Many of these posts are simple reposts of news articles, such as one from December 29, 2021 which shared a CNBC article entitled "Fauci says US should consider

vaccine mandate for domestic air travel." Dr. Tenpenny does not allow comments on her Telegram posts, but this particular repost was viewed more than 30,000 times. Dr. Tenpenny also frequently shares posts from other Telegram users, such as one from user Laura Loomer that links to an article claiming that the NIH and Dr. Fauci had recently secured funding for an animal testing facility in Texas that supposedly was going to infect 800 primates with Ebola for experimental purposes.[114] The caption on the post read:

> HOLY SHIT I've just been informed that the federal government, through NIH is injecting Ebola into animals and watching them die on land in Texas. . . What is going to happen when the Biden regime decides to 'accidentally release' Ebola onto the American people? . . COVID was released as a bio weapon on the world, and via Fauci the US government was funding [COVID] research.[115]

This post received nearly 30,000 views on Dr. Tenpenny's page, indicating that many of her followers are prone to believing, or at least interested in, discussions about Dr. Fauci's nefarious acts.

Dr. Tenpenny does not just rely on the words of others to disparage Dr. Fauci, though. Several of her own posts focus on disparaging Dr. Fauci's character, including one from October 2021 which reads "More on the puppies Fauci tortured and murdered. There should be no one who died [sic] not see this story!"[116] The post includes the hashtags #ArrestFauci and #MurdererFauci but notably does not include a link to the "story" explaining why she believes Dr. Fauci is a puppy killer. There is a second post below this one, shared from user Dr Jane Ruby, which includes a photo of two dogs with their heads in some kind of restraint and is captioned "Imagine how depraved you have to be to put a puppy's head in a box full of parasites to be eaten alive. You immobilize the puppy's body so he can't fight them from eating off his

face. Fauci did it."[117] Again, rather notably, there is no link to anything other than the single, uncredited image as proof of Dr. Fauci's murderous attitudes toward puppies.

In a post on February 11, 2022, Dr. Tenpenny shared a *Fortune* article entitled "Annual vaccine boosters may not be needed, Fauci says" that received over 22,200 views on her channel. Her caption on this post read "None of the people have a clue what they're talking about – they just make it up as fulfillment of their narrative of the week demands" and included several hashtags, some of which were #COVIDjabs, #ConflictofInterest, and #Genocide. This seems to be a very intentional contrasting of her own expertise with the expertise of people like Dr. Fauci and others involved with COVID vaccines and enforcement. This unspecified "they" who do not know what they are talking about could include any number of people, but not Dr. Tenpenny.

Dr. Northrup also engages in this kind of differentiation. On her Instagram page, Dr. Northrup frequently posts memes aimed at attacking Dr. Fauci as a public figure. One image, posted to her Instagram on January 31, 2022, shows a man – whose head is cropped out of the image – pointing to a T-shirt with Dr. Fauci's face alongside a caption that reads "Killing Freedom only took one little Prick," and notably the I in "prick" is replaced with a syringe.[118] Another Instagram post from March 10, 2022 shows Dr. Fauci's face photoshopped to add a beard and a turban and is captioned "Fauci bin Hiden," which draws an equivalence between Dr. Fauci and terrorist Osama bin Laden.[119]

These ad hominem attacks on Dr. Fauci illustrate the reluctance of Dr. Tenpenny and Dr. Northrup to engage in debate with other experts. Rather than attacking any of the specific claims made by Dr. Fauci, they instead attack his character. By framing Dr. Fauci as a puppy-murdering terrorist, Dr. Tenpenny and Dr. Northrup are able to easily position themselves on a moral high ground. And, by extension, they are then able to use Dr. Fauci as synecdoche for the entire

mainstream medical system. His individual corruption represents corruption at every level, and therefore the network in which the vaccine was produced and is promoted is dangerous. These fallacious arguments work to solidify each of these rhetors' status as malexperts. Rather than engaging with other experts about the subject of their expertise, they continue to intentionally disengage from other experts and their networks of verification. Instead, they spread rhetorics that serve to highlight their own moral position while denigrating anyone who deigns to disagree with them.

Bullshit Doctors

Rife within the rhetorics of both Tenpenny and Northrup are several contradictions: that we should not trust the mainstream medical system, but we should trust Tenpenny and Northrup individually because they are doctors; that we should not take medications or vaccinations, but we should take the supplements and remedies that are sold on their personal websites; and that we should do our own research, but only if that research is supported by the research that they have also done. Despite these contradictory positions, both Northrup and Tenpenny have and maintain a great degree of cultural power. I believe that this persuasive power is, at least in part, explained by the rhetorical phenomenon of bullshit.

In his seminal 2005 work on bullshit, Harry Frankfurt defined the essence of the concept as a "lack of connection to a concern with truth – [an] indifference to how things really are."[120] The bullshitter, to Frankfurt, is someone who is concerned only with pursuit of their own self-interest and with constructing a persona that is in line with how they want to be perceived. His classic example is that of the politician who, in the face of some national event or tragedy, speaks grandiosely about patriotism and love for country without much substance in terms of policy solutions or actions to be taken. The important thing for this politician is not necessarily to

be seen as competent, but to be seen as someone with love for country who can guide their people through anything.

There is an important distinction here, for Frankfurt, between bullshitting and lying. The liar positions themselves in opposition to the truth, whereas the bullshitter "does not reject the authority of the truth, as the liar does . . . he [sic] pays no attention to it at all."[121] This differentiation between lying and bullshit also works as a model for differentiating between bullshit and disinformation. Those spreading disinformation deliberately choose to either omit information or lie about something in order to advance a personal agenda, whereas those spreading bullshit will simply say whatever they can in order to advance their position. There is no deliberate deception, only a disregard for truth in any form.

There are two primary implications of this contrast between lying and bullshit. The first is that the bullshitter has much more rhetorical freedom than the liar in that they can say anything that seems to serve their interest without necessarily being concerned with whether their statements are accurate, truthful, or even consistent. The second, and more damning conclusion for Frankfurt, is that "bullshit is a greater enemy of the truth than lies are" because it lacks fidelity to the truth, can change over time, and is relatively difficult to identify.[122]

One of the reasons that bullshit is difficult to pinpoint is that though the bullshitter is often making things up, "this does not necessarily mean he [sic] gets them wrong."[123] "It is impossible for someone to lie unless he [sic] thinks he [sic] knows the truth. Producing bullshit requires no such conviction" as the bullshitter can say really whatever they want insofar as it furthers their personal goal.[124] It is thus possible that bullshit is actually in line with the truth, at least in some cases, which can make it all the more difficult to identify. Moreover, Frankfurt believes that "bullshit is unavoidable whenever circumstances require someone to talk without

knowing what he [sic] is talking about" and, as we know by virtue of living in an age of prolific social media, "opportunities to speak about some topic [that] exceed knowledge of the facts that are relevant to the topic" present themselves quite frequently.[125]

In fully conceptualizing how bullshit works as a communicative phenomenon, it is useful to also draw from a definition from Adrian Bricu, who describes bullshit not necessarily as a lack of regard for truth, but as a lack of regard for evidence, particularly when it involves scientific or pseudo-scientific claims. In some cases, Briciu argues, "bullshit is speaking without giving care to the evidence for what one is communicating" and may involve an intention to mislead the audience through the selection of irrelevant, insufficient, or inaccurate evidence.[126] In other cases, rhetors may just be "so ignorant of the relevant subject that they don't even know what counts as adequate evidence in that field of knowledge."[127] In either case, the definitional question is not about the relationship of a statement to the truth, or even necessarily about the relationship of a statement to its available evidence, but rather about maintaining what Briciu calls "conversational responsibility." This requires adhering to situational standards of evidence which are "determined by the subject matter and contextually salient epistemic standards."[128] In short, for Briciu, bullshit is contextual and is related to evidentiary standards.

This idea that bullshit requires situational awareness in terms of selecting evidence for argument is echoed by another definition of bullshit coming from Carl Bergstrom and Jevin West. In their 2020 book *Calling Bullshit*, they define the concept of bullshit as involving:

> language, statistical figures, data graphics, and other forms of presentation intended to persuade or impress an audience by distracting, overwhelming, or intimidating them with a blatant disregard for truth, logical coherence, or what information is actually being conveyed.[129]

Throughout their book, Bergstrom and West are interested in the kind of bullshit that involves data, or is steeped in the language of science, technology, and mathematics for the purposes of creating the illusion of certainty or at least of knowledge. One key dimension of this phenomenon is that the very act of inundating people with information, the constant barrage of distractions on social media, and the overwhelming amount of content online can itself function as a form of bullshit. These authors argue that some of the most successful bullshitters are those who produce vast amounts of content in an effort to flood people with more information than they know what to do with. The bullshitter's goal here is not the spread of good or accurate information, in fact the goal is hardly related to the content of the information at all. Rather, the goal is to make people feel overwhelmed or intimidated by the sheer amount of content related to a topic.

From these definitions, we can make three key observations about bullshit as a rhetorical phenomenon. First, bullshit functions primarily without regard for the truth. This means that bullshit statements may or may not be factually accurate, and that this truth status has no bearing on whether they will work persuasively. Second, bullshit will not look the same to everyone. Even when engaged in factual debates, standards for evidence will shift according to the rhetorical situation, the audience, and the topic at hand. This evidentiary variation implies not only that different audiences will have different evidentiary requirements, but also that something that looks like bullshit to me might not look like bullshit to everyone. Third, bullshit is prolific. Because the bullshitter does not have to adhere to particular standards for evidence, or even pay attention to the truth value of what they are saying, they can produce copious amounts of information with relatively little effort.

Based on these observations, I believe that bullshit is a more appropriate term for describing the rhetorics of Tenpenny and Northrup, as well as the other ten members of the DD, than similar concepts like mis- or dis-information. The primary conceptual difference between these terms lies within their intention. Misinformation is simply information that is incorrect or false, and it can be corrected once a rhetor is made aware of their mistake. Disinformation is also incorrect or false information and is spread with a deliberate attempt to mislead audiences. Disinformation is thus much more difficult to correct because, definitionally, rhetors have not made a mistake as they have deliberately chosen to spread false information.

To classify something as either mis- or dis-information, critics must thus make a claim about the intent of rhetors. Not only is this a difficult critical task, but it is one that I believe is irrelevant for the present analysis, primarily because several members of the DD, including Tenpenny and Northrup, seem to genuinely believe their arguments. They do not appear to be intentionally deceiving their audiences but are instead sharing what they seem to believe to be reliable, accurate, and necessary information that not incidentally serves their own interests. The Disinformation Dozen might thus be more aptly named the Bullshit Bunch.

The question of truth or falsity, while certainly still important in making public health decisions, is not relevant when determining the power of this type of rhetoric. Northrup and Tenpenny's position is that the information they are spreading is not false or misleading but is instead the truth about COVID that others are either too scared or otherwise unable to share. Their repetition of claims about COVID vaccines and treatments, their relative consistency in rejecting all forms of vaccination and medical treatment, and the sheer amount of information they have produced and distributed regarding COVID and COVID vaccination serves as proof to their audiences that Northrup and Tenpenny believe their own claims.

That the falsity of the statements made by both Tenpenny and Northrup has not made their claims any less persuasive to their audiences also serves to show that they are bullshitters. The second feature of bullshit is illustrative here because it allows us to comment on how differential standards for evidence allow some audiences to more easily accept claims that others may view as bullshit. Evidence that might not hold up in, say, a medical journal about COVID vaccination could certainly be persuasive to Northrup and Tenpenny's audiences. Tenpenny's congressional testimony about COVID vaccines and magnetism serves as a good example here. While her statements were largely ridiculed both on social media and in the press, some of her supporters believed her and used this congressional testimony as evidence to prove why they should not accept a COVID vaccination. This is bullshit in action. Bricu's description of the role of ignorance in the spread of bullshit is informative here as well. Certainly part of the reason that Tenpenny's testimony was believable to some of her followers was due to a lack of awareness about what types of examples count as evidence in the medical field.

This understanding of bullshit as a phenomenon, and classification of Northrup and Tenpenny as bullshitters, helps explain away the contradictions identified at the outset of this section. Our second observation about bullshit and its relationship to evidence allows us to explain the first contradiction between trusting Tenpenny and Northrup as doctors while disavowing the rest of the medical establishment. Because evidentiary standards change with context, so too does the value we place in institutions and the trust we have in their ability to create reliable information. Followers of Tenpenny and Northrup do not have to believe *all* medical science or trust *all* doctors, they only have to believe these two rhetors and trust the evidence that they present to them in support of whatever argument they are making.

The second contradiction between discouraging vaccination and medical intervention while also selling supplements and herbal remedies also seems to disappear once we understand this evidentiary variation. Anyone who believes that Tenpenny or Northrup's products are the best or only cure for their ailments are likely to hold that belief precisely because these treatments are outside of the medical mainstream. The kind of evidence that is persuasive to such audiences is precisely the kind of evidence that Tenpenny and Northrup provide. It is logically consistent to reject mainstream medical remedies while accepting alternative options from people like Tenpenny or Northrup.

The third and final contradiction here, that Northrup and Tenpenny want us to do our own research as long as that research is restricted to their recommended materials and limited perspectives, will be further explored in the next chapter when I discuss the particular strategies employed by two other members of the DD that focus more on the creation of content. However, I want to mention here that the third observation about the abundance of bullshit offers a partial answer to this contradiction. If bullshitters can continuously say whatever they want, or whatever they believe, without concern for what is true, it becomes much easier to produce vast amounts of content because the barriers of accuracy are removed. This leads to a kind of copiousness that is impossible in scientific fields which are bound to the time-intensive and ultimately restrictive process of fact-checking and peer review. Because the DD largely publishes their work only on their own websites or social media, they are not beholden to the process of normal science and consensus-generation, which ultimately leads to an abundance of published content. Moreover, because of this abundance, people engaging in their own research on DD websites will be faced with an overwhelming amount of information about COVID vaccines being dangerous and ineffective. This ultimately leads to individuals feeling as though they have discovered a

consensus among research, and that they have not in fact been limited to only the DD to do their research.

Each of these contradictions and observations about Tenpenny and Northrup ultimately lead us to the conclusion that much of their rhetorical power as malexperts comes from their ability to produce bullshit. Their audiences will believe them, because their evidence fits within their worldviews and is consistent in attacking COVID vaccination across messages and across platforms. Their seemingly genuine belief in their position also allows them to produce vast amounts of content that spreads their beliefs further and creates the illusion of consensus to support their arguments. Because they are not bound to truth or facticity they have the rhetorical freedom to say whatever they want whenever they want. This has led to an overabundance of bad information, and a continuing crisis of expertise.

This classification of their statements as bullshit further illustrates their reluctance to engage in true debate. If they are not beholden to the truth, or even to defending their own past claims, they can shift away from any potential opposition. The bullshitter is not beholden to the same argumentative standards as someone engaging in good faith debate, and thus responding to the bullshitter is a difficult task.

Conclusion

This positioning of Northrup and Tenpenny as malexpert bullshitters raises the question of how to address such public rhetorics. A central premise of my argument here is that neither Northrup or Tenpenny can be most accurately described as spreading disinformation, because they do not seem intent upon deception. Instead, they are sharing what they claim to be true information with their followers from their perceived position as medical and/or spiritual experts. Their seemingly legitimate belief in the views they express online means that they can

functionally say whatever they want, as long as they are consistent in their disavowal of COVID vaccination and its proponents.

This is a clear illustration of the phenomenon of malexpertise. Rather than taking the time to engage with other experts, Northrup and Tenpenny work hard to differentiate themselves. They engage in ad hominin attacks against public figures like Dr. Fauci, who they position as evil or otherwise misguided. In doing so, they are able to extrapolate a claim that the entire medical system, of which Fauci is representative, must be evil as well. They position themselves as spiritual guides who are doing nothing more than sharing health information with their followers who should then come to their own conclusions about the potential dangers of COVID-vaccination and other medical treatments. Though Tenpenny and Northrup likely believe that what they are doing is for their audiences' benefit, because they are discouraging adherence with verified public heath recommendations, they are doing more material harm than good.

Chapter 3

Informational Influencers: The Power of Manufactured Consensus

In our ever-changing technological landscape, a question that each of us face is where to turn for reliable information. At each of our fingertips is the ability to search for the answer to any question we might want to ask. From everyday inquiries into things like the correct temperature for baking cookies to more urgent questions about whether you should seek medical treatment for COVID symptoms, we turn to the internet to inform our decisions.

This, of course, was one of the original intentions of the World Wide Web: constant access to the world's information. However, what once seemed like an interconnected world containing endless possibilities for knowledge production and information sharing has transformed into a chaotic network of excess content. Put simply, there is just too much stuff on the internet. This excess has made it increasingly difficult to determine where to go for reliable information. Which source is going to give me the best baking advice? Is that the same source I should turn to for health information? How do I go about determining the answer to these questions?

One possible answer to this question is a reframing of expertise. In the previous chapter, expertise was discussed as a phenomenon in which certain individuals with esoteric training and experience practicing some discipline (doctors, in that case) are regarded as more knowledgeable than those without such background. Expertise is an attributed characteristic assigned to those who possess a certain type of knowledge and are able to demonstrate that knowledge to their audiences. In the world of excessive information, though, expertise begins to take a slightly different form. Rather than turning to experts for new information, we instead turn to them as

curators of existing information, as those who can sort out the real from the fake and the legitimate from the illegitimate.

In her 2012 book T*he Rhetoric of Expertise*, Johanna Hartelius describes what she calls "informational expertise" as a type of procedural expertise based in an ability to "manage content analytically and deliberately," as well as a disposition toward synthesis. Informational experts are those who can collect information, assess it, and reprocess it in a way that is clear, concise, and useful to their audiences.[130] In a later book on networked expertise, Hartelius elaborated on this concept by describing expertise as the process of "making sense of something for others to consider."[131]

In both cases, Hartelius is describing informational expertise as a process, as something that rhetors *do* rather than something they *are*. However, because I want to maintain my previous position that expertise itself is a rhetorical title assigned to those who are perceived as knowledgeable, my claim is that those who have mastered the process of information synthesis may be described as informational experts, just as those who have mastered the process of playing the piano may be called expert players. To be called an informational expert, or be described as possessing informational expertise, simply means that one is seen as particularly adept at processing information, collecting sources, and putting them together in compelling ways.

In the following pages, I will review two rhetors who fit this mold of informational expertise. Dr. Joseph Mercola and Robert F. Kennedy Jr. are two members of the DD who rely heavily on their ability to collect and re-present information to their audiences to build and maintain their status. Mercola and Kennedy each host massive blog and database websites that present summaries of medical studies, large literature reviews, write-ups about recent scientific

trends, and so, so much more. Both of these DD members' sites contain thousands upon thousands of searchable posts about nearly any topic, ranging from pet care and home decorating to vaccination and cancer treatments.

In many ways, informational expertise is not a new phenomenon. Each of us have trusted news and information sources that we tend to turn to when asking questions. We can recognize those people who give us good information and those who might not be so reliable. What is new is the ability of these information-gatherers to gain prominence because of their ability to repackage existing information into a compelling argument for their audiences. Sure, we could take the time to read through dozens of Google results pages, skim through scientific articles and databases, and cross-check those sources with others, but if there is someone else who is willing and able to do this work for us, why would we refuse such assistance? This is especially the case when it is coming from someone as trustworthy as a doctor or lawyer who is claiming to have done *their* own research, on your behalf. Just as college students – myself included – use SparkNotes summaries to help understand complex texts, so too do many people use summary readings offered by rhetors such as Mercola and Kennedy to supplement their own research into topics like vaccination and COVID precautions.

Issues arise, though, when Kennedy and Mercola's summaries are taken as truth and followers cease seeing their reports as part of a greater information landscape and instead as the final word. To extend my earlier metaphor, students who *only* read SparkNotes are likely to miss some nuance from the original texts just as those who begin and end their "research" with either Kennedy or Mercola's reports are doing themselves a great disservice by not looking deeper into the original sources.

As will become clear throughout the rest of this chapter, many of the claims that Mercola and Kennedy make on their sites about vaccination, medical treatment, public health, and related topics are inaccurate at best and dangerous at worst. However, a variety of factors, including their professional credentials, allow them to continue to be seen as experts by their audiences despite their lack of accuracy. Dr. Mercola holds an MD, and frequently cites that fact as a reason why he can be trusted to sort through medical studies and scientific journal articles for his audience. Kennedy holds a JD, and he likewise uses his professional qualification as a way of supporting his claims that whatever information he has reviewed must be legitimate and therefore trustworthy for his followers.

Even when discussing issues unrelated to their actual professional backgrounds, both Mercola and Kennedy consistently reference their credentials as a way of increasing their perceived legitimacy. Mercola has no veterinary training, but that has not stopped him from dedicating an entire section on his website to the health and wellness of cats and dogs. Mercola is able to refer his medical expertise into nearly any sub-specialty with seemingly very little pushback from his followers. Kennedy does the same. His status as an environmental lawyer provides insufficient backing for his claims to disciplinary knowledge about the dangers of vaccination. It is not difficult to see where there might be some discrepancies between his actual professional experience and the clinical research in which he is claiming to be an expert.

Despite the inaccuracies of their actual information, Kennedy and Mercola offer a great degree of service to their followers in their ability to collect seemingly relevant scientific studies, present them in relatively user-friendly databases, and consistently highlight issues that are socially relevant. Both of these rhetors have a remarkable ability to repackage and re-present their message every time a new issue captures the public's attention. Every day, new stories are

released on both Mercola and Kennedy's websites, and every day these stories receive thousands of views and hundreds of shares on social media. Despite Kennedy and Mercola themselves being occasionally banned from mainstream platforms like Facebook and X, their messages are still being shared by their followers.[132] This creates networks of influence that place Kennedy and Mercola as the leaders whose voices are among the few that can be trusted to tell it like it is.

Their messages resonate with millions of followers, and their audiences appear to be growing based on cursory social media numbers. Unlike the rhetors in the other chapters of this project, Kennedy and Mercola also have direct access to large-scale media platforms like Fox News, CNN, and the *New York Times*, extending their reach beyond their own social media audiences. Both Mercola and Kennedy have given on-air interviews about COVID vaccination and prevention, and both have been quoted in many news stories that amplify their warnings about the potential safety concerns of vaccination. Even unfavorable news coverage about them, such as a recent *New York Times* piece that refers to Mercola as a "SuperSpreader of Misinformation," seem to do more to boost their following than curb it.[133] All press is good press, as the saying goes.

It is worth noting the platform that Kennedy has gained for himself after filing to run for president in 2024. I will not be focusing much on Kennedy's presidential aspirations in my writing, but wanted to mention it here as an indicator of how broad his reach has become. Kennedy's presidential campaign has given him massive amounts of media attention, much of which has focused on his anti-vaccination messages. Though Kennedy as a candidate has yet to speak publicly about his views on vaccination, news stories focus on his legacy of vaccine refusal. As will become clear over the next several pages, it is no secret that he built much of his career and reputation on this position.

In the following pages, I will first introduce Joseph Mercola and Robert F. Kennedy Jr. as individuals, highlighting the professional and personal accomplishments that established each rhetor as a prominent member of the DD. Throughout these introductions, I will also include snapshots of information from Mercola and Kennedy's websites and social media profiles that illustrate their opinions on vaccination and other COVID-related matters. After spending some time on each person individually, I will argue that Mercola and Kennedy mirror one another's rhetorical styles and each engage in an argumentative strategy of manufacturing consensus. This strategy, I conclude, is not only remarkably effective for spreading their messages, but is also a corruption of the very foundation of informational expertise.

Dr. Joseph Mercola

Mirroring the trajectory of the Disinformation Doctors discussed in the previous chapter, Dr. Joseph Mercola started his career as an osteopathic physician in Chicago. After graduating from the Chicago College of Osteopathic Medicine in 1982, Dr. Mercola went on to practice at the nearby St. Alexius Medical Center, where he treated patients and served as a board member until 2009.[134] Joseph Mercola, DO, is by far the most-followed member of the DD with just over 2.5 million total followers at the peak of his social media prominence. 1.75 million of those followers are on Facebook, 408,629 are on Instagram, and 359,777 are on X. Dr. Mercola also has a Telegram account with 53,500 subscribers. In addition to his social media activity, Dr. Mercola has published 15 books about health, wellness, and politics, three of which have appeared on the *New York Times* bestseller list. Dr. Mercola also hosts his own website, mercola.com, where he regularly posts self-written articles, blog posts, and videos related to health information. His website has sections dedicated to breaking news, pets and pet health, fitness, food and nutrition, and, of course, his Mercola Market where you can buy a number of

health and wellness-related products. Recently, nearly all of the posts in his "breaking news" section have been about the COVID-19 pandemic, the COVID vaccine, and vaccine mandates.

In a 2022 *New York Times* documentary about Dr. Mercola, former patients and colleagues were interviewed about their relationship with him. Interviewed patients said that they turned to Dr. Mercola as an osteopathic physician in search of alternative treatments, with one former patient saying she turned to Mercola after a terminal cancer diagnosis looking for him to "give [her] answers where others wouldn't."[135] This sentiment was echoed by several other former patients, who said they had "already tried everything" before reaching out to consult with Dr. Mercola, who provided them with effective solutions to their ongoing health issues.[136] Some of the interviewed patients say they still rely on Mercola's website as their primary source of health information.[137]

Some of Mercola's former coworkers also spoke highly of him, noting that they respected Dr. Mercola's alternative approach and his honesty with patients. In particular, former colleagues of Mercola said that they appreciated his transparency with recommending pharmaceutical products. Many doctors, they claimed, over-prescribe medications that have been recommended to them by pharmaceutical representatives, often in an effort to receive some sales bonuses from the companies manufacturing these products. Mercola, however, was notably transparent with his patients, giving them extensive information about the safety of pharmaceutical products and rarely prescribing medication unless he found it to be absolutely necessary.[138] For Mercola, decreasing the number of pharmaceutical prescriptions he gave to his patients, and instead recommending alternative treatments based on vitamins and dietary supplements, was part of his mission as an osteopathic physician.

Mercola had other motives for this shift away from pharmaceuticals, too. Upon leaving his position at St. Alexius in 2009, Mercola dedicated his attention to his growing vitamin and supplement business, The Mercola Market. Mercola started this business in 1997. Originally, his website featured links to schedule appointments with him at his practice, articles about health and wellness, and basic information about what he called "alternative treatments." Many of these treatments included recommendations for various vitamins and dietary supplements, which Mercola began manufacturing and selling in the early 2000s. Mercola also began selling other consumer goods on his website including pet supplies, clothing, exercise equipment, beauty products, and tanning beds.

In a 2017 affidavit, Mercola reported that his personal net worth was "in excess of $100 million."[139] Most of this wealth, Mercola claims, comes from his sales of supplements and other products on his Mercola Market. The vast majority of products in his Mercola Market are vitamins and supplements, none of which have been approved by the FDA for the treatment of any disease. In fact, a 2006 FDA investigation found Mercola to be in violation of their guidelines for promoting his products as disease cures.[140] Additional investigations by both the FDA and FTC revealed more Mercola products that were being marketed illegally, and in one case Mercola was forced to refund $2.59 million in tanning bed sales after promoting them to customers as a valuable way to get Vitamin D.[141]

Interestingly, for many of Mercola's followers, it seems as though these regulatory actions by the FDA actually strengthened their belief in Mercola's products. Commenters on his page note that the "FDA is uninformed and ignorant" when it comes to the regulation of supplements, and illegitimate as a source of verification because they are "the armed enforcement branch of the pharmaceutical industry."[142] Other commenters note that they believe

the FDA is only interested in profits due to their relationship with "Big Pharma" companies, and that "the FDA needs to respect a system of medicine used by tens of thousands of physicians and over 500 million customers worldwide."[143] Mercola is attributed an expert status here not because he associates with other experts or institutions, but because he defies them.

In another move that has established him as a leader of the anti-vaccination movement, Mercola has become a top supporter of the National Vaccine Information Center (NVIC), contributing over $2.9 million over the course of the past decade. The NVIC's mission statement claims that they are an organization "dedicated to preventing vaccine injuries and deaths" and defending "the human right to freedom of thought and conscience."[144] In fact, the NVIC has become a prominent voice in the anti-vaccination movement, particularly since the start of the COVID-19 pandemic, in no small part due to Mercola's consistent financial support.

In a statement to the *Washington Post*, Mercola said that he will continue to support the NVIC because they offer "simple, inexpensive and safe alternatives to the conventional medical system" which, he claims, "causes needless pain and suffering" due to its relationship with pharmaceutical companies and desire to thus promote pharmaceutical products, such as vaccines.[145] The NVIC provides Mercola with yet another platform for amplifying his anti-vaccination message, a platform afforded to him primarily because of his ability to purchase access.

Mercola's reach cannot be overstated. Not only does he have a massive social media following, at the time of writing, mercola.com is the most-visited alternative health and wellness website with a monthly average of four million unique visitors per month according to web analytics site SimilarWeb. His Mercola Market website also made the list of most-visited alternative health sites, ranking 24th with an average of 650,000 unique visitors per month in

2021. Mercola's personal website, which is subtitled "take control of your health," contains thousands of articles, most of which were authored by Mercola himself, touting various health and wellness practices. Recent headlines include a cover story about the benefits of nasal rinsing for reducing the severity of COVID infection, several articles about the benefits of sauna and infrared therapy, various claims related to vitamins and dietary supplements, and countless tirades against the CDC, FDA, and "Big Pharma" companies regarding their handling of the COVID pandemic.

Many of these claims related to COVID are focused around the COVID vaccine. Though Mercola does spend some time on his website detailing alternative treatments and cures for COVID, including a highly-read article on his website entitled "The War on Ivermectin," most of his COVID-related content focuses on the vaccines and why they are ineffective, at best, and deadly, at worst.[146] Again in a parallel to the Disinformation Doctors from the previous chapter, Mercola focuses much of his attention on Dr. Fauci, slinging ad hominin attacks at the nation's foremost representative of science.[147]

The Truth About COVID-19 Book

The clearest articulation of Dr. Mercola's position on the COVID-19 pandemic comes from his 2021 book entitled *The Truth About COVID-19: Exposing the Great Reset, Lockdowns, Vaccine Passports, and the New Normal*. In addition to its lengthy title, the book's cover also includes the claim that the book will show "Why We Must Unite in a Global Movement for Health and Freedom." Mercola co-authored the book with Ronnie Cummins, his long-time associate and director of the Organic Consumers' Association. The book also contains a foreword written by Robert F. Kennedy Jr., illustrating the connection between these two members of the DD.[148]

Kennedy begins the book's foreword by noting that the pandemic has led to the rise of "Orwellian censorship" that seeks to "abolish all forms of creative thinking and self-expression."[149] He describes the deplatforming of figures like himself and Mercola as a suppression of the "free flow of information" that we as American citizens, or indeed just as concerned people, are entitled to.[150] Kennedy goes on to claim that "our medical rulers" – by which he means government organizations like the CDC and FDA and, of course, Dr. Fauci – have suppressed information and dissent to the extent that the real "truth" about COVID-19 and vaccines has been impossible to share. It is thus the ethical responsibility of Kennedy, Mercola, and Cummins to tell readers the "truth about COVID-19" because if they do not, no one will.[151] Here we begin to see echoes of the priestly voice that was employed by rhetors in the previous chapter. Kennedy positions Mercola as someone who has access to higher information, and is willing to share it with the masses.

Kennedy also takes some time in his foreword to address censorship from "Big Tech" companies, who have made it "practically a crime to criticize pharmaceutical products."[152] He complains that rather than providing open access to information and enabling free speech and debate, technology platforms have in fact made it more difficult for the "truth" about COVID to be spread. It is not just that there is too much information online, it is that those controlling what we see on our main feeds are selecting what information we get to see. The answer to this form of censorship is, according to Kennedy, to look to Mercola who emerged "like a prophet in the wilderness" to sort through the research about the COVID pandemic and re-present it to his readers free of bias, censorship and the overreach of tech companies and medical organizations.[153] Kennedy's argument in the book's foreword is that in the face of censorship coming from the medical establishment, the government, and technology platforms, the only

reasonable solution is to look a to priestly rhetor like Mercola who has the knowledge and good sense to tell us the "Truth about COVID-19."

In chapter three of the book, the first authored by Mercola, entitled "Event 201 and the Great Reset," Mercola articulates his theory about the origins of the COVID-19 virus.[154] He begins the chapter by describing what is known as "Event 201," a joint pandemic-planning exercise conducted in 2019 by Johns Hopkins and the Bill and Melinda Gates Foundation.[155] For Mercola, Event 201 is evidence that Bill Gates himself is responsible for the COVID-19 pandemic. Describing Gates as "one of the most dangerous philanthropists in modern history," Mercola argues that the Gates Foundation's focus on creating and distributing vaccinations around the world is indicative of a "pro-patent agenda on pharmaceutical drugs" and that his ultimate goal is to get "the entire global population vaccinated," as though that were a nefarious plan.[156] Mercola describes Event 201 as a "Dress Rehearsal for COVID-19," and focuses specifically on a particular plan that arose from Event 201 dealing with the spread of misinformation and the need for "soft power" to influence pandemic responses.[157] This is an early example, at least for Mercola, of the planned censorship that ultimately led to the suppression of his own voice. If Mercola is to position himself as an informational expert, is it essential that he be allowed to share what he sees as valuable information wherever he pleases.

In the same chapter, Mercola describes Facebook as "A Tool for Social Control" that was designed to "surveil, analyze, and manipulate our behavior."[158] Consistent with other arguments about social media being a tool of censorship and suppression, Mercola claims that "the technocratic agenda seeks to integrate humankind into a technological surveillance apparatus" designed to suppress ideas, such as many of his own, that differ from the commonly-held beliefs of the "technocratic elite."[159] Mercola describes several examples here of his own and others'

content being removed from platforms like Facebook. Most of the examples he gives involve warnings about the COVID vaccine and other conspiratorial content about the origins of the pandemic, many of which are also reviewed throughout this book. For Mercola, this content removal is not just a form of censorship, it is also described as a move against public health. If tech companies like Facebook really cared about the safety and health of their users, Mercola argues, then they would allow for differing viewpoints that allow users to do their own research about COVID vaccines.

In the following chapter of his *Truth about COVID-19* book, entitled "COVID-19 strikes the most vulnerable," Mercola claims that COVID-19 itself "isn't the primary cause of most COVID-19 hospitalizations and fatalities" but instead that the "virus exploits other serious diseases with high mortality that are widespread in the population and dangerous in and of themselves."[160] His argument here is that even though COVID was reported as having a very high mortality rate, as a disease it is not itself dangerous. As he succinctly puts it, "people are dying *with* COVID-19 as opposed to dying *from* it."[161] Despite these claims about COVID being relatively harmless, Mercola's next chapter is entitled "Protecting yourself from COVID-19."[162] He begins the chapter by offering an explanation as to "why [we are] so sick in the first place," attributing our collective malaise to a combination of "Big Ag, Big Food, and Big Pharma."[163] In short, Big Ag and Big Food are responsible for "poisoning" our food through over-processing of packaged food products, genetically-modifying crops, using pesticides, lobbying for lower industry regulations, and generally promoting unhealthy diets among Americans. The chapter then goes on to argue that the best prevention against COVID is Mercola's "nearly magical eating formula to radically improve your health" which involves time-restricted eating, or intermittent fasting, exercise, and plenty of supplements.[164] Most important, according to

Mercola, is vitamin D as its deficiency is purportedly a COVID risk-factor. Readers should also consider adding zinc, melatonin, vitamin C, and NAC to "improve immune function and combat viral illnesses."[165] Each supplement is given a few pages of bulleted benefits, most of which seem focused around their immune functions. Of course, all of these supplements are available on Mercola.com, which Mercola makes sure to note several times throughout the chapter.

Mercola goes on to detail what he sees as the most effective treatments for COVID-19, focusing first on ivermectin, an antiparasitic drug primarily used in the treatment and prevention of malaria. Mercola believes that Ivermectin is a good treatment option because it is inexpensive for patients and has been shown to reduce mortality in some studies. Another key drug in Mercola's treatment plan for COVID is hydroxychloroquine (HCQ), another drug that gained popular attention in the COVID pandemic for showing promising results in early clinical trials. HCQ is not only safe and effective against COVID, according to Mercola, it is also another clear example of a "concerted and coordinated effort" among healthcare professionals to suppress alternative approaches to COVID treatment.[166] His reason for this belief is that the CDC once recommended both ivermectin and HCQ as potential treatments for COVID-19, but rescinded their recommendations once further studies confirmed that these treatments are ineffective. Mercola's references to ivermectin and HCQ as the best treatments for COVID, despite the lack of evidence that these drugs have any therapeutic benefit, is evidence of his status as a malexpert. He is not interested in engaging in debate about other possible treatments or in learning why the CDC changed their recommendations about using these drugs. In short, he is not interested in the process of normal science.

Throughout his book, Mercola makes a number of arguments about why COVID vaccines are not, in fact, safe and effective. He claims that they have a high probability of

causing extreme negative side effects, they are unnecessary due to our bodies' natural immunity, and herd immunity developed through these natural pathways will serve as a sufficient community protector for those who may be immunocompromised. In presenting each of these arguments, Mercola is offering a thorough rebuttal to anyone who might believe the vaccines might be redeemable. This is a concerted effort to illustrate that the vaccines themselves, as well as the science that created them, cannot be trusted. Mercola's book is the most thorough, but certainly not the only, example of his anti-COVID rhetorics. Here, and elsewhere, Mercola positions himself as a priestly figure who is willing to share insider knowledge with those on the outside. He is also beginning to play the role of a curator. Even the title of his book suggests that it contains more "truth" than other sources, and that Mercola is trustworthy as a provider of information.

Robert F Kennedy, Jr.

Robert F. Kennedy Jr., son of the late Senator Robert F. Kennedy and nephew of former President John F. Kennedy, began his professional career as an environmental lawyer and advocate for global clean air and water supplies. In 1999, along with several other environmental stakeholders, Kennedy founded the Waterkeeper Alliance, a group dedicated to "protecting everyone's right to clean water."[167] This group grew out of several locally-based Riverkeeper groups around the Hudson River, with whom Kennedy had previously worked on landmark lawsuits to ensure clean watersheds and maintain protected areas around the river. Kennedy's victory in several lawsuits against both the state and city of New York led to the creation of the 1996 New York City Watershed Agreement, a $1.2 billion investment by the city to ensure continued protection of city drinking water supplies.[168] His environmental advocacy was recognized in a *New York Magazine* cover story entitled "The Kennedy Who Matters."[169]

Kennedy continued his career in environmental advocacy with the Waterkeeper Alliance, winning several notable legal battles, including a major case against GE that required them to dredge parts of the Hudson River to remove pollutants.[170] Kennedy was also a noted opponent of the recent Dakota Access Pipeline project, which he argued was another example of corporations prioritizing profits over environmental protection.[171]

In addition to pursuing legal battles on behalf of the Waterkeepers alliance, Kennedy was a vocal critic of Bush administration environmental policies. In 2004, he published a book entitled *Crimes Against Nature: How George W. Bush and his Corporate Pals are Plundering the Law and Hijacking our Democracy* which went on to become a *New York Times* bestseller. In part because of this book, and his long history of environmental advocacy, Kennedy was named one of *Rolling Stone's* "100 Agents of Change" in 2009.[172] In the article announcing this distinction, *Rolling Stone* described Kennedy as a "political insider and outside agitator" whose "passion and moral outrage have made him a guiding force in the environmental movement."

Despite these successes, in 2017, Kennedy stepped down from his board position in the Waterkeeper Alliance. In his resignation letter, Kennedy stated that he was stepping down primarily in an effort to devote more time to his more recently developed World Mercury Project.[173] Founded in 2011, this new project allowed Kennedy to shift his focus from environmental and water toxicity to the problem of mercury toxicity in children. And, as Kennedy would go on to argue, the largest source of childhood mercury exposure is vaccination.

Thimerosal

More specifically, Kennedy began focusing on the vaccine ingredient thimerosal and its supposed link to childhood autism diagnoses.[174] Notably, thimerosal has been banned as a childhood vaccine ingredient since 2001, and has never been shown to have any link to autism or

other cognitive disorders.[175] The fact of thimerosal's relative safety and regulatory status has not deterred Kennedy from making it a central focus of his anti-vaccination advocacy, though. Kennedy continues to maintain his claim that thimerosal is causally linked to autism, stating in an interview that in fact there is a "CDC internal study that proves that thimerosal caused the autism epidemic."[176] He does not provide a citation for said internal study.

Kennedy doubled down on his claims regarding thimerosal in 2014 with the publication of his book *Thimerosal: Let The Science Speak*, promoted on the cover as "The Evidence Supporting the Immediate Removal of Mercury – a Known Neurotoxin – from Vaccines."[177] In the book, Kennedy illustrates that the increase of thimerosal-containing vaccines corresponds with a national increase in neurodevelopmental disorders, reviews studies proving the toxicity of mercury, and calls out the CDC and other medical regulatory institutions for their inaction on the issue.

This work on thimerosal is part of what catapulted Kennedy into the center of the anti-vaccination social media sphere.[178] Both Kennedy and his nonprofit organizations have been named as top spreaders of misinformation.[179] In 2016, Kennedy changed the name of his World Mercury Project to the Children's Health Defense (CHD) and updated its mission statement to more broadly "ending childhood health epidemics."[180] This name change allowed Kennedy to expand his platform beyond just those who are concerned about mercury, to all who are concerned about children's health more broadly. At the time of writing, both the CHD and Kennedy have been deplatformed from Facebook and Instagram, removed from the feeds of their 750,000 combined followers. [181] The CHD and Kennedy are both still active on X, with 127,000 and 450,000 followers, respectively. They have also migrated to other platforms including Telegram, BitChute, Truth Social, and other less mainstream platforms following their removal

from Facebook and Instagram. Though it is hard to estimate their exact following across these disperse platforms, it is clear that both the CHD and Kennedy are working to maintain their status as leaders of the anti-vaccination movement.

Though the CHD and Kennedy have been forced to adapt to deplatforming, they have not always been pushed to the margins of the internet. Boasting over three-quarters of a million followers at their peak, these pages were a key cornerstone of the online anti-vaccination community. Their position was initially established through Kennedy's tirades against thimerosal and general anti-vaccination stance, but in 2020, once the COVID pandemic began and as vaccines eventually began to roll out, they became an even more prominent source of misinformation.

COVID-19

The Children's Health Defense page was officially removed from Facebook and Instagram on April 18, 2022.[182] In a statement, Meta – Facebook and Instagram's parent company – stated that they removed the page for "repeated violations" of their policy on medical misinformation.[183] In a statement to the *New York Times* after their deplatforming, Kennedy claimed that the removal of the CHD page was an act of censorship, and "a clearly orchestrated attempt to stop the impact we have during a time of heightened criticism of our public health institutions."[184] In a separate statement on the CHD website, Kennedy called the move "silencing," arguing that "[Big Tech] doesn't want you to know the truth that is backed by science."[185]

It became abundantly clear throughout the course of the pandemic that Meta is not quick to remove violators of their misinformation policy.[186] So what were these "repeated violations" from the CHD that led to their ultimate removal? What was the "science" that CHD claimed was

being “silenced”? And, how did this whole drama ultimately work to solidify the CHD, and, by extension, Kennedy, as expert anti-vaccination sources?

In one study, the CHD was found to have purchased 54% of the paid ad spaces on Facebook related to anti-vaccination efforts in 2020.[187] Kennedy himself also posted a great deal of anti-vaccination content in his time on Facebook, posting that pregnant women should avoid the COVID vaccine, that baseball star Hank Aaron’s death was a result of his recent COVID vaccination, and several posts linking the COVID vaccine to death.[188] Violations from the CHD tended to be more specifically-focused on risks toward children, with several posts following the CDC’s expanded recommendations for vaccinating children against COVID. In several instances, Kennedy and the CHD argue that children’s immune systems are stronger than adults, and therefore they do not need to receive vaccinations at the same rate. The CHD also relies on past claims about vaccine additives and links to autism diagnoses.

Kennedy has been a vocal critic of the CDC and federal government’s responses to COVID. Much like the Disinformation Doctors described in the previous chapter, Kennedy centers his criticism around Dr. Anthony Fauci. In early 2021, Kennedy compiled his critiques into a book entitled *The Real Anthony Fauci: Bill Gates, Big Pharma, and the Global War on Democracy and Public Health*.[189] The book swiftly reached second place on Amazon’s list of best-selling new releases, and became the eleventh best-selling book of the week in all categories within its first week on the platform. Kennedy’s book remains the top-selling book in the “Immunology” category on Amazon and has received over 25,000 public reviews, the vast majority of which are 5-star reviews praising the book as being “well-written and well-researched” and as providing essential information about Dr. Fauci that “every American should read.”[190] In the book, Kennedy describes what he sees as the failures of Dr. Fauci in managing

the COVID pandemic. His grievances include the dismissal from Fauci and other CDC officials' of ivermectin and hydroxychloroquine as treatments, the speed at which "Big Pharma" companies were able to develop vaccines, the inefficacy of public health guidelines such as social distancing and masking, and what he sees as a generalized overreaction to the COVID pandemic on the part of the federal government.

Upon publication, Kennedy shared an Amazon link to his book on the CHD Facebook and Instagram pages alongside a black and white image of block text reading "Fauci Failed America" and an all-caps caption encouraging viewers to "READ THE DATA."[191] The caption went on to describe the book as something "you won't read about in any newspaper" even though it "has 2,194 citations [and] was vetted by doctors and scientists and lawyers." This post, as well as the book, were incredibly well-received by Kennedy's followers. Commenters called *The Real Dr Fauci* "the book of the century," "superb and thoroughly supported by references," "life-changing," and noted that the book "deserves to be #1."[192]

These reviews begin to indicate that audiences do in fact see Kennedy as an informational expert. His book is marketed as one that is well-researched and supported by data, and readers seem to take note. Most of the content of *The Real Dr Fauci* consists of ad hominem attacks and repetitions of the same kinds of claims that have been reviewed throughout this chapter, Kennedy does not provide much new information. Instead, he organizes attacks against Fauci and claims about his supposed mis-management of the COVID-19 pandemic into a diatribe that solidifies him as a voice of supposed reason. This is not true informational expertise, though. Kennedy does not seem interested in engaging in a debate about how the COVID-19 pandemic should have been handled, instead he seems merely interested in taking down Dr. Fauci. Once again, debate is shut down in favor of personal attacks.

Defeat the Mandates Rally Address

In a public culmination of his efforts to warn the public about dangers related to COVID-19 vaccination, on January 23, 2021, Kennedy appeared as a keynote speaker at the Defeat the Mandates Rally in Washington DC.[193] Speaking from the steps of the Lincoln Memorial to a live crowd of an estimated 20,000 people and many more tuning in via live-stream, Kennedy delivered a message of resistance.[194] The Defeat the Mandates Rally was originally organized around resistance to vaccination and to mandated vaccination at schools and workplaces. In his address, Kennedy took this message of resistance and argued that not only is resisting vaccination a safe choice, it is a patriotic one.

First, to appeal to safety, Kennedy referenced the original Pfizer COVID vaccine trial. He claimed that this trial not only found the vaccine to be ineffective against COVID-19 infection, but that it was likely to cause adverse reactions including heart attacks. Kennedy claims that the study proved "if you take the vaccine you have a 21% increased chance of dying in the next six months," due to morbidity data.[195] And, Kennedy argued, that increased likelihood of death does not even account for the even higher increase in heart attack risk. The same study apparently proved that the COVID vaccine makes anyone who takes it "500% more likely to die of a heart attack within six months."[196] This is a clear example of bullshit, as discussed in the previous chapter. The Pfizer study did not contain any of the results purported by Kennedy, but the validity of his evidence is inconsequential in terms of his argument. Kennedy taps into the fears of his audience when he claims that vaccines make them more likely to die, either from heart attacks or otherwise. In so doing, he begins to establish himself as a malexpert who is interested only in provocation.

Once he was done reviewing the Pfizer study, Kennedy went on to discuss the Vaccine Adverse Event Reporting System, or VAERS, an HHS-run reporting system for documenting negative vaccine side effects.[197] In his speech, Kennedy claimed that "the media" is intentionally misreporting VAERS data to make the COVID vaccine seem more "safe and effective" than it really is.[198] He claimed that VAERS is in fact missing up to 99% of COVID-vaccine related injuries and deaths. Though he did not provide a citation for this number, it was met with roaring applause from the crowd. He ended his appeal to vaccine safety by telling his audience that "if the press tells you VAERS can be trusted, ask them to show you a study."[199] Here again, Kennedy is claiming to have done the research and to have evidence on his side, even though that evidence has not been publicly shared. He is also positioning himself in opposition to "the press" in another reference to the censorship that has removed his, and Mercola's, anti-COVID-vaccination messaging from platforms.

From here, Kennedy transitioned into his second argument, an appeal to patriotism. He argues that it is within our constitutional right to free speech to ensure that vaccine data is fairly represented. Kennedy claimed that, "we are all here for one reason, we love the United States of America . . . and the US Constitution," a statement that was met by loud applause and chants of "freedom" from his audience.[200] Loving the constitution, according to Kennedy, means continuously advocating for your right to free speech because "if you give the government the right to silence people you have given them the right to commit any atrocity they want," including, notably, the supposed atrocity of mandated vaccination.[201] Kennedy went on to argue that requiring vaccination for things like traveling or going to sporting events is a fundamental removal of freedom and a turn to totalitarianism, which he defines as "the merger of state and corporate power."[202] His argument here is that health decisions need to be individual. The

government should not require anyone to get vaccinated, nor should they suppress information about the potential dangers of vaccination. Enforcement of vaccine mandates is a violation of the right we all have to take care of our own bodies, and once we cede bodily control we cede all control. Of course, it is Anthony Fauci who is named primarily responsible for this shift, as the primary "enforcer" of vaccine mandates.

In a truly bizarre and offensive argumentative move, Kennedy went on to claim that vaccine mandates are in fact the most extreme form of tyranny because "at least in Hitler's Germany you could go hide in an attic like Anne Frank did," whereas now, we cannot even go into churches or liquor stores without being asked to provide proof of vaccination.[203] "The minute they give you that vaccine passport every right you have is transformed into a privilege contingent on your obedience to arbitrary government dictates," and it is therefore our patriotic, American duty to resist the diminishment of our rights by resisting vaccination.[204] In one final plea to a roaring crowd, Kennedy claimed that "nobody in the history of the planet has ever complied their way out of totalitarian control" and that thus, in order to "do our duty to the USA" we must all continue not only resisting vaccination, but encouraging others to do the same.[205]

Kennedy's comment about Anne Frank was met with massive resistance, even from members of his own family. His wife, actress Cheryl Hines, called the comment "reprehensible and insensitive," and his sister tweeted that she "strongly condemn[s] him for his hateful rhetoric," adding that his views are not reflective of the Kennedy family's position.[206] His statement also received backlash from the U.S Holocaust Memorial Museum as well as the Auschwitz Memorial in Germany, with both groups reinforcing the immense tragedy of the Holocaust and condemning Kennedy for comparing public health measures to mass extermination.[207] In a rare moment of self-reflection, Kennedy did later apologize for this

statement, saying in a tweet that his "intention was to use examples of past barbarism to show the perils of technologies of control. To the extent that my remarks caused harm, I am truly and deeply sorry."[208]

Over the course of his career, Kennedy has transformed himself from an intensely-focused environmental advocate into a paragon of the anti-vaccination movement. He has clearly positioned himself as a voice for the people against Big Pharma and government overreach, especially when it comes to mandating vaccination. His initial forays into removing environmental toxins from water supplies has translated into a public career of removing what he sees as toxicity throughout our lives. He argues that toxic chemicals in our water and in our vaccines are making us sick, just as toxic politicians are sickening our democratic processes. His audiences seem to believe these claims too. Not only do his immense social media followings confirm his appeal, so too do the enthusiastic reactions of his crowd at the Defeat the Mandates Rally. Each of his argumentative strategies – maintaining focus on mercury as an additive, railing against Dr. Fauci and other public figures, and appealing to individualism and choice – establish him as a malexpert who is unwilling to engage in good faith debates about COVID vaccination.

Manufacturing Consensus

Many scholars who research expertise and its power in the public sphere argue that when authority comes into question, the proper response is to default to the consensus of experts in a particular community rather than the voice or opinion of a single person.[209] Because consensus formation results from the combined efforts of multiple experts in a given field – and occasionally the efforts of experts across multiple fields – it is seen as more reliable than any one person's opinion on a given topic. For example, in debates about climate change, expert

consensus about the reality of climate change is often used as evidence for public policy intervention. Single dissenters can be disregarded under this framework because the scientific establishment has determined that climate change is real, and that it should be responded to.

There are many reasons that expert consensus is a framework worth maintaining for use in everyday personal and policy decisions. For one, as I mentioned above, when the scientific community agrees that a particular issue is of public importance, the weight of multiple expert voices speaking in concert overbalances dissenters who go against that scientific mainstream. In short, the supermajority wins. Consensus is also important for the progression of scientific research. Similar to Kuhn's argument that normal science can only progress when there is a shared understanding of basic premises – such as, to continue the above example, the fact that climate change is real and anthropogenic – consensus allows for the further development of science because it allows researchers to take basic premises for granted in service of advancing more specific claims.[210] In terms of public and personal utility, consensus can be a reliable starting point when seeking information related to any number of health and science-related decisions. Defaulting to the agreed-upon understandings of the scientific or medical community can provide a useful framework for action. Most scientists believe that climate change is real, therefore we should act to mitigate its impact. Most doctors believe that the COVID vaccine is safe and effective, therefore everyone that can get vaccinated should get vaccinated.

Given the usefulness of consensus as a framework for decision-making, it makes some sense that members of the DD would want to capitalize on its power. And they do. On their websites, both Mercola and RFK Jr curate sections of research articles on given topics that make it appear as though there is a consensus on issues ranging from environmental toxicity to vaccine

dangers and links to autism. The problem is that many of the articles they reference in their databases are often reviewed out of context, exaggerated in terms of their impact or applicability, and occasionally just factually wrong. Kennedy and Mercola have manufactured scientific consensuses.

In his 2022 article describing the manufacturing of consensus in recent controversies over violent policing, James Earle argues that the primary advantage of manufacturing consensus as opposed to manufacturing controversy is that the former shifts arguments to the technical sphere, whereas the latter tends to shift arguments away from technical debates and into public ones.[211] By building what appears to be a corpus of evidence to support their claims, manufacturers of consensus disarm their argumentative opponents by positioning them as necessarily anti-science, or, at the very least, anti-information. Unlike the phenomenon of manufactured controversy, which seeks to keep debates open and relies on a both-sides mentality to ensure that even the most overwhelming bodies of scientific evidence can be questioned whenever opposition arises, manufactured consensus shuts down debates.[212] Information is used in this case not in the interest of increasing public debate, but instead to close debates that are presented as having overwhelming scientific (or informational) support.

Both of these strategies, the manufacturing of controversy and of consensus, involve the challenging of mainstream science. In some of the most infamous cases of manufactured controversy in the public sphere, cigarette companies were allowed to deny the link between cigarettes and cancer long after the science was settled because they had access to their own studies, and therefore the question was still one up for debate. Not only were such links up for debate, according to the tobacco companies, but they were open to rigorous investigation through the always-lauded scientific method. Science relies on the process of asking and answering

questions. It thus follows that if there are questions to be asked, such as whether cigarettes do in fact cause cancer, science should do its best to provide an answer.

What does not follow in this case is that once the scientific method had been repeated in thousands of studies over the course of decades and had in fact proven the link between cigarette smoking and cancer, cigarette companies were still able to keep the debate open in the name of "science." The strategy of manufactured consensus addresses an argumentative issue that the manufacturing of controversy faces. Rather than being stuck in the double-bind of needing to defend the scientific method while simultaneously dismissing its results, arguers are seemingly on the side of science. They are defending a position for which there is an apparent consensus among scientists and, much like the defenders of the link between cigarettes and cancer in the earlier case, defending that consensus in the face of outlying studies is relatively easy.

Manufacturing consensus is thus a key rhetorical tactic for malexperts. It allows them to shut down debates by pointing to vast amounts of apparent evidence, and answer any challenges by claiming that opponents simply have not done enough research. When questions about individual pieces of evidence arise, rhetors like Kennedy and Mercola can simply claim that one questionable piece of data does not negate the rest of their corpus of information. They are not beholden to any one piece of evidence, but instead get to rely on the mere existence of information support their claims. Information is weaponized by malexperts as an argumentative resource.

Both Kennedy and Mercola engage in the process of consensus-building against COVID vaccination. Each claim that they have done rigorous research, have ample citations of which many appear to be from legitimate scientific journals, and speak authoritatively about their findings. Their books detailing the supposed truth about COVID-19 and Dr. Fauci are initial

pieces of consensus-building. In these books, they claim to have reviewed copious amounts of evidence to present to their audiences. They have done the research so followers do not have to. The continue to offer informational resources on their social media pages and personal websites, all in service of maintaining their manufactured consensus. In the following examples, I will illustrate how Mercola and Kennedy weaponize information to spread anti-COVID-vaccination rhetorics.

Dr. Mercola Reviews the Literature

In January 2022, Dr. Mercola opened a subscription-only library on the platform Substack, which he refers to as his "Censored Library." Even with this title, we begin to see that Mercola is offering an informational resource, a "library" of data for readers to sort through. In a Mercola.com blog post announcing the shift to a subscription-based platform, Mercola claims that his goal has "always been to help you Take Control of Your Health," a phrase he capitalizes as it is the official subtitle for his "Censored Library."[213] The move to Substack is described as a move to avoid censorship. In a blog post announcing the shift to the new platform, Mercola laments the loss of a time in which "varying opinions and opposing views were welcome and necessary, without fear of censorship or retribution," and that because we live in a "much darker time" now, "truth-tellers" like him are forced to build protected sites for the truth to be shared.

In the "about" page on his Substack platform, Dr. Mercola addresses the question of how readers can distinguish between fact and opinion on his page by saying that "statements of fact will be fully referenced with at least one endnote" which, to his credit, does appear to be true of many of his articles. However, these endnotes more often than not link back to other Mercola articles, providing the illusion of having done external research without actually citing researchers other than himself. This is the first way that Mercola manufactures consensus throughout his web presence, he gives the appearance of multiple sources when in fact they are

all just him. In the rare cases when Mercola does reference outside sources, often they come from other members of the DD, particularly Kennedy and the CHD, once again illustrating a lack of true consensus for his claims.

There is an additional disclaimer in his "about" page claiming that many of Dr. Mercola's articles contain information that he has "gained in decades of ongoing research in a wide variety of topics, as well as from treating more than 20,000 patients over 25 years," establishing that whatever Dr. Mercola says must be true because of his expert status. He is an informational expert who is willing to share the fruits of his labor with his followers so that they can make informed decisions about their own health.

One of Dr. Mercola's most popular articles, which is highlighted in a list on his Substack profile's main page, is representative of this kind of consensus-building effort. An article entitled "More Studies confirm the COVID Jab Does more Harm than Good" was originally published to Dr. Mercola's Substack profile on October 3, 2022. At the time of writing, it is the second most-popular on his profile, with a total of 612 likes and 172 comments. Dr. Mercola begins the article with the statement that "the COVID jabs are an absolute disaster, with injuries and deaths piling up by the day," invoking the term "jab" to stoke fears of vaccine invasion.[214] He then reviews a study from the *Journal of Insulin Resistance* by cardiologist Dr. Malhotra entitled "Curing the Pandemic of Misinformation on COVID-19 mRNA vaccines through Real Evidence-Based Medicine" which apparently concludes that all COVID vaccine administration should be suspended as "real world data show they cause more harm than good."[215] Mercola goes on to claim that there is "something killing an extraordinary number of people in the prime of their life" since April 2021. That thing? The COVID vaccine. According to Dr. Mercola, Pfizer, who released their vaccine in 2021 under Emergency Use Authorization, "hid serious injuries . . . and

misrepresented data showing massive risks" of taking the COVID vaccine but now "real-world data conclusively show these risks are extremely real."[216] He goes on to describe the specific risks that apparently come with COVID vaccination, including cardiac issues. Throughout this article, Mercola includes copious footnotes to Malhotra's study and to other articles on his Substack page. By including so many footnotes for relatively few sources, only one of which was external to Mercola, he manufactures the appearance of copiousness. This article functions as a consensus-building text because it appears to be full of research, even though it does not actually reference that research much throughout.

Dr. Mercola goes on to mention that the "real-world data" conflicts with official reports from Pfizer and other government entities. What, though, is this real-world data? The closest we get to an answer to this question comes from another reference to Malhotra's study in which we are told that he "extrapolates data to determine the actual level of protection" provided by the mRNA COVID vaccines. By reviewing what he calls extrapolated "observational data," which is notably not shared in the research report, Dr. Malhorta's study claims that "several hundreds or thousands of people like you would need to be injected in order to prevent one person from dying of COVID-19."[217] Malhorta (and, by extension, Mercola) seems to be making two primary arguments here. The first is that the COVID vaccines are not as effective as Pfizer claims they are. The second argument coming from this extrapolated data is that the idea of community protection, or herd immunity, is nearly impossible to achieve. According to the "extrapolated data," in order to provide community protection for even one person, "several hundreds of thousands" of people need to be vaccinated. Once again, Mercola is doubling-down on his claim that COVID-19 vaccines do more harm than good, and he is using the appearance of unspecified "real-world data" rather than sharing genuine evidence to support his claims

His final turn to comparison between the risks of vaccination and the risks of COVID is where Mercola ends this article. In a final section subtitled "Follow the Data and Think for Yourself," Mercola encourages his readers to not only refuse COVID vaccinations for themselves and their children, but to "put a stop to the carnage by educating each other and simply saying NO to these and all future mRNA shots." Here is where his informational malexpertise starts to become harmful. He is explicitly recommending that his audiences do not vaccinate themselves against COVID. In a section ironically subtitled "think for yourself," Mercola seems to discourage exactly that. You should only "follow the data" if it leads you to the conclusion that COVID-19 vaccines are dangerous, and you should always resist vaccination.

Children's Health Defense Autism Report

On the CHD website, there is an entire section devoted to what is called their "Science Library," described as a database containing "hundreds of peer-reviewed, published articles." This library contains information about all sorts of science and health-related topics including environmental concerns, health conditions and treatments, and, of course, vaccination. The introductory page for the "Science Library" claims that "scientists from around the world are sounding alarms and voicing grave concerns about the poor health impact of vaccines and the need for vaccine safety" and goes on to link to two separate collections of research articles, both regarding vaccine safety. Much like Mercola's reference to the Israeli response to vaccine side effects, Kennedy seems to be arguing here that the United States has been unique in its response – or lack thereof – to reports of vaccine dangers. In part, I believe Mercola and Kennedy both advance this argument as further evidence that the American medical system cannot be trusted.

The first of these collections deals with the purported danger of mercury in vaccinations. In a 90-page PDF document linked to the front page of the "Science Library," 89 individual scientific paper abstracts are reviewed by the CHD in an apparent effort to prove that

not only is mercury in vaccines unsafe, but that there is a vast consensus on this danger. The introductory page of the document claims that "the literature showing the toxicity of mercury goes well beyond its associations with autism" and that "there can be no justification for any intentional use of mercury given the extent of this literature."[218] From there, the document includes the first pages of 89 scientific papers, each with a large, blue text box at the bottom of the page offering an explanation of the results of the study.[219] Unlike the Mercola text, the CHD report offers less explanation or narrative about the studies it has compiled, instead opting to include the original first pages of each scientific study with a brief explanation of their purported results at the end.

Throughout the course of the 90-page CHD document, it is argued that mercury in vaccines, especially in the form of thimerosal, is unsafe in any amount. The compiled studies within this document make a vast array of claims, from studies showing that mercury appears in higher levels within the hair, teeth, blood, and urine of autistic children versus non-autistic children (notably, the vast majority of these abstracts show correlation between mercury levels and autism but do not make the leap to claiming causality) to others claiming higher sensitivity to mercury poisoning among autistic children or those with immune disorders. Some of the reviewed studies claim that mercury exposure can cause all sorts of health issues ranging from cancers to neurological conditions such as autism, ADHD, and depression. Even within these purportedly causal studies, though, links between vaccine ingredients and observed health outcomes are tenuous at best. Moreover, nearly all of the studies claiming some degree of causality reviewed in this report were studies on mice. While there is nothing inherently wrong with using data derived from animal studies to make claims related to human health outcomes, and in fact mouse research in particular is an essential component of biomedical and

pharmaceutical research, extrapolating claims from mice-based studies to argue that thimerosal causes autism in children feels disingenuous.

A majority of the articles reviewed within this document are also incredibly esoteric, technical studies that report on things like the biochemical links between mercury-targeting enzymes or the chemical pathways through which mercury is removed from bodily systems. While these are no doubt important studies advancing the general scientific understanding of how the body metabolizes mercury from various sources, their individual claims and results are themselves relatively mundane. I would anticipate that the general public, to whom this report is addressed, does not care about the metabolic distinction between the TNF-a and IL-6 cytokine pathways, if they even know what those are (admittedly, I do not). I also anticipate that even researchers and clinicians, who certainly know more about enzymes and biochemistry than the general population, themselves do not know or care about these discoveries unless they are personally invested in the discovery of cytokine pathways. Despite this, the CHD report consistently uses such studies about how and where mercury is processed within the body as compounding evidence about its lack of safety as a vaccine ingredient.

Despite the lack of causality described throughout the studies in this report, the tenuous links between outcomes in mice and outcomes in humans, and the relatively small and mundane claims that are in fact advanced by these various papers, the CHD uses this report as evidence of scientific consensus in support of its anti-COVID-vaccination stance. This, along with other similar reports posted to the CHD website as a part of their "Science Library," function as evidence not only of the actual claims they seem to be advancing (i.e. that vaccines contain dangerous amounts of mercury) but also as evidence of the expertise of the person who has curated them. RFK Jr. has in fact done his research, and posted the results for all to see.

The sheer number of studies included in this report is presented as evidence of consensus about the danger of thimerosal and mercury. Both the CHD report and the Mercola database seem to argue that simply because there are vast numbers of studies related to their topics of interest, there must in fact be consensus about their opinion. Conflating copiousness with consensus is an obvious fallacy, though. Most of the articles included in these so-called libraries do not in fact confirm the claims being made by Kennedy and Mercola. Moreover, they tend to reference the same sets of studies over and over again as a way of appearing to have more data than they actually do.

The Value of Consensus

Earlier, I said that there were argumentative issues with manufacturing consensus just as there are with the manufacturing of controversy. At this point, I hope those issues are clear. Any arguer is only as good as their weakest evidence. Mercola's form of manufactured consensus relies on repeated citations of his own work and the works of few others. Kennedy manufactures consensus by pulling esoteric and debunked articles into a massive database and claiming to have done research. In both cases, what appear to be long lists of studies confirming Mercola and Kennedy's claims are in fact shallow pools of unverified evidence.

The manufacturing of consensus in this case becomes particularly dangerous because it lends itself toward a kind of conspiratorial ideation in both Kennedy and Mercola. If, as they claim, COVID-19 vaccines are in fact deadly, then the government is doing a grave disservice to its people by continuing to promote it. They argue that institutions and their policies are operating against consensus, and should therefore be corrected. The issue is that they do not seem to be interested in developing policy solutions, or working with other experts to promote public health guidance that is in line with their views, but rather in promoting themselves as

public figures. The answer to institutions acting in opposition to consensus is, quite simply, to refuse to participate in those institutions. Do not take the COVID-19 vaccine. Do not listen to Dr. Fauci, the CDC, or the FDA. Do your own health research rather than relying on your doctor. When they advocate for this kind of full rejection, they become malexperts.

Their malexpert status is further amplified by their profit motives. Mercola will not only tell you to reject all mainstream medical science, he will sell you alternative products to treat your various ailments. Mercola never recommends a vitamin, supplement, or other treatment that he does not also sell on his Mercola Market. This could be seen as an example of argumentative consistency on his part, as evidence that he really is trying to improve the health statuses of his followers by providing them with what he sees as good medicine. The problem is that when Mercola discourages his followers from seeking treatment for COVID-19 in favor of, say, nebulizing peroxide, he is harming them. He is harming his followers when he recommends that they take ivermectin and he is harming his followers when he tells them not to get vaccinated.

Despite the differences between manufactured controversy and manufactured consensus, I believe that the solution to the latter must mirror that of the former. Just as scientists had to describe their process of testing, data gathering, and, ultimately, consensus-building to defend their conclusion that cigarette smoking is in fact linked to lung cancer, scientists in this case must defend their process. Show the public what a real consensus looks like and what the process of building one actually entails. This is the responsibility of true experts in addressing malexpertise in the public sphere. Part of this solution also requires clear differentiation between the manufacturing of consensus and legitimate informational expertise. Both are predicated upon the collection and presentation of vast amounts of information to support a claim or position, both rely on consensus as a form of legitimation, and both are practiced within the public sphere as a

way of participating in scientific debates. However, manufactured consensuses are built upon false, overstated, or decontextualized evidence whereas informational expertise is built on a foundation of verified, truthful evidence. Illustrating the alignment between public policy and scientific consensus will also be key to addressing the impacts of manufactured consensus in the public sphere.

Chapter 4

Racialized Reactionaries: When History Doesn't Repeat Itself

Racial disparities have always existed in health and medicine. The American healthcare system in particular has perpetrated abuses against Black people for nearly its entire history. Countless stories of exploitation have made it such that many Black Americans have a deep, and well-earned, distrust of the American medical system. However, when these anxieties are used by anti-vaccination advocates to promote the refusal of legitimate medical treatments such as COVID-19 vaccination, those advocates end up causing harm to their audiences. In this chapter, I will explore the ways in which the fraught history of medicine is weaponized as evidence that the COVID-19 vaccine is untrustworthy.

I will begin this chapter by providing two examples of exploitation of Black people throughout the history of medical research. Then, I will briefly review the current state of racial disparities in medicine in an effort to show that, while the state of medicine has improved since the time of these historical abuses, the US medical system is still far from racially equitable. Specifically, I will detail how COVID-19 has disproportionately impacted communities of color and that Black Americans in particular are less likely to have received the COVID-19 vaccine than members of other racial groups. I will then analyze a documentary film entitled "Medical Racism: The New Apartheid" which went viral in early 2021 due to its claims about the COVID vaccine and racial exploitation. From there, I will describe the rhetorics of two members of the Disinformation Dozen (DD) who focus their efforts on persuading Black audiences to refuse vaccination. Ultimately, I conclude that though it is certainly true that the US medical system has a long and violent history when it comes to its relationship to Black patients, historical violations

should not be used as evidence for the refusal medical interventions – such as the COVID-19 vaccine – that have been proven to be safe and effective.

History of Experimental Exploitation

One classic historical example of exploitation of Black Americans by the United States medical system is the Tuskegee syphilis experiment. Beginning in 1932, the US Public Health Service, along with the Tuskegee institute, began tracking a group of 600 Black men of whom 399 had syphilis and 201 did not.[220] The researchers conducting the study did not inform the participants that they had syphilis, instead telling them only that they would be treated for "bad blood," which was a nearly all-encompassing term for disease at the time. For the next 40 years, these 600 men's symptoms were tracked but not treated, despite the fact that penicillin was discovered to be a viable treatment in 1943, only ten years into this multi-decade study.[221] The study was stopped in 1972 after an ethics advisory panel deemed the study "ethically unjustified" because the participants were not informed by researchers about their conditions or the availability of treatment, nor were they allowed to seek treatment outside of their participation in the study.[222] In 1997, President Clinton issued a formal apology for the study, which included a note on reparations that were made available to study participants and their families through a class-action lawsuit that was settled shortly after the conclusion of the study.[223]

Following the conclusion of Tuskegee experiment, the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research released the Belmont Report, which laid out a set of ethical guidelines for clinical trials.[224] Three ethical principles for human subjects were identified in the Belmont Report: respect for persons, beneficence, and justice.[225] Respect for persons entails that the subjects of an experiment should give their informed consent to participate in a trial, and that researchers do not deceive potential subjects into joining their studies. The standard of beneficence requires researchers to minimize risk to

trial participants in an effort to "do no harm." The final standard, justice, is intended to ensure equal access to clinical trial participation and ensure that all trial subjects are treated fairly throughout the research process. The Belmont report was a result of the 1947 National Research Act, a US law that requires all human subjects researchers to adhere to these guidelines, and which remains foundational in the regulation of US human subject research practices.[226]

Despite this legislation, unethical research occurs in the United States. A recent example comes from a measles vaccine trial in Los Angeles. In 1989, the CDC and Kaiser Permanente of California launched a study intended to compare the standard measles vaccine with another version known as the Edmonston-Zagreb (EZ) vaccine.[227] The EZ variation contains a smaller dose of the vaccine than the standard shot, meaning that it is able to be given to younger children as their immune systems develop. For this reason, the EZ vaccine was already being used by the World Health Organization to vaccinate children in Haiti, an area known to have high levels of measles infection.[228] The 1989 trial was designed to see whether delivering the EZ vaccine at a younger age would be as effective at preventing measles as the standard US scheduled dose.

Beginning in 1989, 1,500 children from Los Angeles were enrolled in the trial. Of the 1,500 trial participants, 44% were Black and 48% were Hispanic.[229] Upon enrollment, parents were given a consent form which "said children would receive one of two vaccines" for measles.[230] The consent form did not, however, tell participants that one was the experimental EZ variation. Problems arose when a Haitian study linked the vaccine to an increased infant death rate.[231] The CDC halted the study in 1991 following the results of the Haitian trial, but by then the damage was done. Though there were no negative effects reported as a result of the Los Angeles trial, parents were still outraged that their children had been given a potentially-fatal vaccine without their knowledge. The CDC did release an apology in 1996, claim that "a

mistake was made" when they failed to inform parents of the experimental nature of the vaccination.[232]

The EZ vaccine trial is often referenced by anti-vaccination advocates as a reason not to trust medical research. One reason is that it was a clear example of deception of patients, and thus a violation of the Belmont Report's third guideline for ethical research. Trial participants were not informed that they might be receiving the experimental EZ vaccine, only that they may receive a different dose. More often, though, the study is referenced as an example of medical racism. The vast majority of the trial's participants, 92%, were Black and Hispanic children. The CDC claimed that it chose participants from communities that are more highly impacted by measles, usually low-income neighborhoods, because "you have to study the area where the disease is occurring."[233] That justification makes some sense, given that infection rates are often higher in places where low-income Black and Hispanic people live, but it does not excuse the lack of informed consent in this case.

The consent violation here is particularly egregious because it continues the legacy of exploiting Black (and Hispanic, in this case) people in the name of medical advancement. Much like the men in the Tuskegee trial, these parents were not informed about their children's medical status, and not made aware of the potential risks that came with trial participation. The EZ vaccine trial was never investigated for its ethical violations, primarily because it shut down after the Haitian report was released, nearly three years before its intended completion date.[234] The fact that these violations were allowed to occur even after the passage of the National Research Act raises important questions about accountability and misconduct in clinical trial research.

Given these historical and contemporary examples of exploitation in the name of medical research, it is no wonder that many Black Americans are wary of the US healthcare system. A

2019 Pew study showed that 71% of Black respondents believed that misconduct is at least a moderately large problem among medical professionals whereas only 43% of white respondents expressed the same opinion.[235] This belief that medical professionals, including researchers and physicians, are engaging in misconduct has led to a lack of trust which is, in part, illustrated by the disproportionate rates of COVID vaccination among Black and White Americans.

Recent CDC data shows that Black Americans are less likely to have received their first dose of the COVID-19 vaccine than any other racial group in the US, providing a snapshot of the status of trust in the medical system across racial categories. A meta-analysis from 2021 indicates that Black Americans were up to 3.5 times more likely to contact COVID-19, 4 times more likely to be hospitalized for their infections, and nearly twice as likely to require ICU treatment than White Americans.[236] A partial explanation for this disparity is that the distrust many Black Americans feel towards the healthcare system often leads to a reluctance to seek healthcare. Because of this, Black Americans are more likely to wait until their symptoms are more severe before seeking medical care, meaning that they are more likely to be admitted for treatment or die as a result of their advanced illnesses.

These historical exploitations, contemporary unethical experiments, and continued beliefs in misconduct within the medical system are the entry points for two members of the DD to spread anti-COVID-vaccination rhetorics to Black Americans. In the following sections, I will detail some of the rhetorical appeals employed by members of the DD as they relate to these racially-motivated arguments for rejecting COVID vaccination. I will begin by analyzing a documentary film entitled "Medical Racism: The New Apartheid," produced by RFK Jr. and other members of the DD as a way to show some of the common themes in anti-COVID-vaccination rhetorics that are aimed at Black audiences. Then, I will introduce two more

malexperts within the DD: Kevin Jenkins and Rizza Islam who best exemplify race-based anti-COVID-vaccination rhetorics.

Medical Racism Video

In March 2021, Robert F. Kennedy Jr.'s non-profit group the Children's Health Defense released an hour-long film entitled "Medical Racism: The New Apartheid."[237] Kevin Jenkins was also one of the film's executive producers. The film was marketed as a documentary with the tagline "Exposing the Truth Behind Systemic Racism in Medicine," and further descriptions claim that the film uncovers histories of medical exploitation and unethical experimentation practices in an "unprecedented journey to find the truth."[238] On the film's dedicated website, viewers are prompted to enter their name and email before accessing the full video, though a trailer is available without entering any additional information. Once viewers enter their information, they are redirected to a page with the full hour-long documentary video. Just below the embedded video, there is a section soliciting donations for the Children's Health Defense with a message that donations will "go towards promoting [the film] and protecting the health of children. Together we can work towards ending racism in medicine as well as targeting people of color in medical experimentation." Though no donations are required to watch the video, it is notable that viewers are so immediately asked for financial support.

Though the film markets itself as a documentary, this is not how I will refer to it here. Britannica defines documentary film as a medium that "shapes and interprets factual material for purposes of education or entertainment" and contrasts the documentary style with propaganda films, or those that advance a particular political agenda.[239] Because of this definition, and especially because of the way in which this definition contrasts the documentary style with propaganda, I feel that referring to "Medical Racism" as a documentary would be inaccurate. For

one, the video promotes numerous claims that are not factually true, many of which will be discussed below. Additionally, the film clearly has an anti-vaccination agenda and while it is possible for documentary films to take a stance or promote a particular argument over others, definitionally speaking, films with a clear political agenda are more apt to be classified as propaganda rather than documentary. As such, I will be referring to "Medical Racism" as a film or video as opposed to a documentary.

The film begins with RFK Jr. claiming that the impetus for its creation was that "we all need to take responsibility for our own healthcare," in a common refrain about the importance of individual decision-making when it comes to health decisions[240] He goes on to say that the purpose of the film is not to tell people what to do but rather to inform them about the possible risks of vaccination and make sure that everyone is informed enough to ask questions when making healthcare decisions. This message is reiterated several times throughout the video, that people should be informed and empowered to make their own health decisions and should engage in their own research whenever possible. These repeated statements seem to indicate that the film itself should be considered a type of research, and that the information presented within should be taken seriously by viewers who want to make informed health decisions.

After RFK Jr's introductory statements, he claims that he "has always been interested in intellectual disabilities" particularly as they relate to childhood vaccination.[241] The film then cute to a Black woman who tells a story about how she believes her children were "brain damaged by vaccines." We then meet another Black woman who tells a story about a painful birthing experience in which doctors did not listen to her cries of pain, and she makes the keen observation that "black women are the least believed in the medical industry."[242] Immediately following this emotionally traumatic story, the film cuts back to RFK Jr. who claims that kids

today get 10 times the number of vaccines that he received as a child. This sharp transition from storytelling to fact-sharing with no transition or explanation leads viewers to make the connection between these tales on their own.

The film then cuts to an interview with Dr. Oliver Brooks, former president of the National Medical Association, who begins by acknowledging that the hesitation many Black people feel in seeking medical care is valid. He talks about the Tuskegee experiment, and links it to a larger message about the participation of Black people in clinical trials. Notably, Dr. Brooks advocates for continued participation in clinical trials, saying that "we acknowledge that there were issues in the past but we also acknowledge that we must be involved in clinical trials," adding that it is particularly important for Black and other people of color to participate in trials in an effort to show how medical treatments work in different demographic groups.[243] He also mentions that there is a large degree of misinformation in the Black community, both about the participation in clinical trials and medicine in general, and says that gathering information is of the utmost importance. He ends his initial interview segment by claiming that he wants his patients to trust him even if they can't trust "the whole medical establishment."[244] In this case, Dr. Brooks seems to be engaging in the kind of differentiation strategy that our Disinformation Doctors engaged in to set himself apart from the rest of the medical establishment. However, Dr. Brooks makes a key move here when he recommends that Black people and other people of color involve themselves more in clinical trials rather than disengaging further from the medical system. His argument is that discrimination can only be solved through intentional engagement rather than disengagement, an argument that the film does not ultimately seem to agree with.

The film goes on to feature the stories of several mothers. Each of them tell emotionally-devastating stories about the hopelessness they felt when their children began experiencing

developmental delays. And, each of these mothers clearly attribute their children's symptoms to their childhood vaccinations. One of these mothers – a Somali woman from Minneapolis – claims that her son developed autism after receiving his MMR vaccine. She commented that there was a large pro-vaccination push by public health officials following a measles outbreak in 2017. After this vaccination push, she claims that rates of autism increased within the Somali community, noting that "in our language there is no word for 'autistic'" but that she and others had to learn the term once they began observing symptoms in their children.[245] Another Black mother describes a similar story, noting that she saw her son's "entire demeanor change" after he was given the MMR vaccine. This second mother claims that within a day of receiving his second dose of the MMR vaccine, her son had stopped talking, making eye contact, or being able to express himself emotionally the way he had once been able.[246] Each of these stories are meant to show a connection between the MMR vaccine and symptoms of autism in its recipients.

Interspersed throughout these stories are interviews with various medical professionals and others who speak to the dangers of vaccination, particularly for minority communities. The film also presents graphs, which are labeled as "data obtained by the Children's Health Defense" which apparently prove that disease incidence was declining even prior to the introduction of vaccines – leading viewers to make the conclusion that vaccines are ineffective for disease prevention. These graphics are presented on screen with little explanation, furthering the viewers' responsibility to draw their conclusions. After presenting these graphics, RFK Jr. appears once again on screen to note that "we know mercury causes severe brain damage and IQ loss," and though he does not specifically that there is mercury in vaccines, because this statement comes immediately after the graphics about vaccine inefficacy, we are led to believe that he is repeating yet another potential danger of vaccination.[247]

The film also includes several clips from an interview with Mayo Clinic Physician Dr. Gregory Poland, who claimed, among other things, that "African Americans have higher antibody responses to MMR vaccines than any other population."[248] This is taken to mean that when Black children receive MMR vaccines, they are more likely to experience negative side effects because their immune systems will be overloaded. Later in the film, other doctors note the importance of things like Vitamin D and diet as being more important for immune system support. In all, the film argues that vaccines are dangerous in general, and are particularly so for Black Americans.

In their 2008 book on the rhetoric of new political documentaries, Tom Benson and Brian Snee argue that documentary films should contain claims "supported by evidence that audiences of all political perspectives might find compelling" and that "multiple perspectives should be considered, even if all but one are eventually discarded."[249] "Medical Racism" does not do either of these things. Its one-sided nature and inclusion of only interviews and segments that are directly related to its anti-vaccination message makes it clear that it has no desire to consider multiple perspectives. Particularly notable here is their inclusion of the Dr. Brooks interview, and their ultimate refusal to agree with his claim that Black people should participate in more clinical trials and increase their engagement with the medical establishment overall, rather than disengage from traditional treatments. The continued repetition of claims about the dangers of mercury in vaccination is another indicator that "Medical Racism" is not interested in considering multiple perspectives or comparing evidence, they are only interested in constructing an anti-vaccination argument.

The film's juxtaposition between historical examples of exploitation, contemporary stories of negative effects of vaccination, and repeated statements about the dangers of mercury

lead viewers to believe there is a causal connection between vaccination and ill effects such as autism. This phenomenon is related to what Jane Gaines refers to as a "pathos of fact" or the idea that "documentary realism stands as stirring testimony or evidence of what has gone before."[250] She argues that the "aesthetic realism" of documentary films work "to align the viewer emotionally with a struggle that continues beyond the frame and into his or her real historical present."[251] This is clearly the aim of "Medical Racism," particularly as it relates to the sharing of emotional stories of motherhood.

The testimonies offered by the Black women throughout this film were emotionally-stirring, and functioned well as evidence of the harms the American medical system continues to perpetrate against Black Americans. Any empathetic viewer will interpret these stories as exactly the kind of "stirring testimony" that Gaines describes as particularly powerful within documentary films.[252] However, when these narratives are interspersed with infographics, interviews with doctors, and seemingly random facts about the dangers of vaccination, viewers are led to see these tales not just as heartbreaking stories, but as further evidence that vaccines are dangerous. Though the film rarely discusses the COVID-19 vaccine specifically, because it was released so soon after the initial vaccine rollout, the connection between stories about the MMR vaccine and the potential dangers of COVID-19 vaccines are clearly implied.

After watching "Medical Racism," viewers are meant to identify with the mothers whose children were supposedly harmed by vaccination, and the Black women who have experienced discrimination within the medical system, and want to do everything in their power to prevent these same negative consequences for themselves or their own children. Gaines describes this phenomenon as "political mimesis," a phenomenon that "has to do with the production of affect in and through the conventionalized imagery of struggle."[253] Documentary films – or, in this

case, films that proport to offer evidence for worldly phenomena – are able to prompt viewers to act in a particular way because they force identification with the struggles of the subjects depicted in film.

In this case, "Medical Rasicm" draws its rhetorical power from its self-classification as a documentary film and through its ability to generate political mimesis through its use of aesthetic realism. Because documentary films are traditionally understood as presenting factual information to audiences, "Medical Racism" is granted a bit of automatic legitimacy through its genre classification. More importantly, "Medical Racism" functions as a kind of consensus-building text in much the same way as the books discussed in the previous chapter. In this case, though, the consensus is not one based on copious amounts of studies, data, or citations, but rather based on narrative and emotional alignment. The film uncritically presents the stories of many Black mothers and other people of color in an effort to portray their emotional struggles as evidence for the malfeasance of the medical system. The number of stories that are included in the film itself illustrates that the feeling of medical discrimination and childhood disorders occurring post-vaccination is commonly-held.

Because "Medical Racism" presents itself as a documentary, and because it manufactures a consensus that vaccines are dangerous, it is able to function as an informational resource for viewers. RFK Jr. ends the film with a final interview in which he reiterates that the film should be used as a starting point for people to "do your own research." He then reminds viewers to "not listen to me, do not listen to Tony Fauci, do not listen to your doctor," but instead to make your own individual decisions for your own, and your family's, health.[254] This film is meant to be part of that research, and its stories are presented as legitimate evidence to resist COVID, and other, vaccination.

Responses to "Medical Racism"

In an NPR interview a few months after the release of "Medical Racism," Dr. Oliver Brooks claims that he regrets appearing for an interview. Though he maintains that everything he said in his interview was true, he did not know that the film was being produced by anti-vaccination efforts and does himself believe that people should be vaccinated. In the same interview, Dr. Brooks said that though "there is an understandable concern in the African American community regarding vaccines . . . my position is that you look past those, have an understanding of those and still get vaccinated."[255] Had he known how his message would be portrayed, and what the overall narrative of the film was going to be, Dr. Brooks claims that he would not have gone on record as his personal beliefs about the medical system and vaccination do not align with the message of the film that was produced. The misuse of Dr. Brooks's testimony in the "Medical Racism" film is evidence that the producers are engaging in malexpertise. They were uninterested in portraying Dr. Brooks's actual opinion on vaccination, and instead reframed his quotes and took them out of context to continue spreading their anti-vaccination rhetorics.

Dr. Naomi Rogers – a Yale historian who appeared in the film to tell the story of J. Marion Sims and comment on the legacy of racism in medicine – said in the same NPR article that she wished she had known more about the film before appearing in an interview. Like Dr. Brooks, Dr. Rogers maintains that everything she said in the film was true, but had she known that the film was going to be "an advocacy piece for anti-vaxxers" she would have reconsidered sitting for an interview.[256] Dr. Rogers also mentions that she had asked the film's producers to give her more information about the film, and they seemed to dodge her questions, saying only that they were interested in talking about the history of the medical system.

Both Dr. Brooks and Dr. Rogers state that one of the primary reasons they regret appearing in the film – other than their opposition to its anti-vaccination message – was that the way in which medical information was presented alongside personal narratives made it seem as though there were scientifically-proven connections where there are in fact none. The now-classic example of vaccines causing autism is just one of these links that was extended throughout the "Medical Racism" film. I believe it is this uncritical juxtaposition between personal narratives and supposed medical data that allows viewers to come to the film's intended conclusion that vaccination is dangerous. The fact that these two experts spoke out against the film's message is also evidence of the malexpert status of its producers. Once again, we see that they are uninterested in engaging with debate with other experts or exploring their hesitations about the film. Instead, neither the CHD nor any of the film's other producers have responded to these critiques, and both Dr. Brooks and Dr. Rogers's interviews remain a key part of "Medical Racism's" anti-vaccine narrative.

"Medical Racism" is perhaps the clearest articulation of the DD's racially-motivated arguments about COVID-19 vaccination, but it is far from the only example. In the following sections, I will introduce two rhetors who advance similar arguments through their personal rhetoric as well: Kevin Jenkins and Rizza Islam.

Kevin Jenkins

One of the co-producers of the "Medical Racism" film was Kevin Jenkins, a member of the DD who, despite his low social media followings (about 12,000 followers on Instagram and 1,300 on X), has made quite an impact on the anti-COVID-vaccination movement. In their original report on the DD, the CCDH claims that Jenkins is influential due to his rhetorics about how the COVID-19 vaccine is a "conspiracy to wipe out black people" and his various public appearances speaking on that subject.[257] These messages set him apart from other members of

the DD, if for no other reason than that he is more explicitly focused on race and potential racial exploitation through vaccination than any of the other members. In his introduction as a producer on the "Medical Racism" film's website, it is noted that he is the CEO of the Urban Global Health Alliance (UGHA). UGHA is described as a grassroots organization seeking to reduce inequities in healthcare. As of June 2024, though, the UGHA no longer appears to exist. Jenkins has removed all references to it from his social media pages, and the group's dedicated website has been taken down.

In 2022, Jenkins started another organization called FreedomMed which he described in an interview as "a new healthcare company that is going to be focused on changing the health in this country."[258] He goes on to say that he "knows something about medical racism, about medical apartheid," and that FreedomMed will allow people to "break away from medical tyranny."[259] His argument here is that it is functionally impossible for Black Americans to receive adequate healthcare inside a fundamentally racist system. FreedomMed was intended to be a telemedicine service offering appointments to all Americans that would "revolutionize the standard of care," however, just a few months its launch, the FreedomMed website was remove from the internet.[260] This is worth noting because despite Jenkin's pleas to create more equitable medical systems, he does not seem invested in doing the work to actually create these systems. FreedomMed had the possibility to be a great alternative space for Black Americans to receive health care, but the venture was abandoned, leaving Jenkins with seemingly no alternatives to offer his followers.

One of Jenkins's missions with both FreedomMed and the UGHA is to create alternative medical systems that allow for Black Americans – or anyone else who might want to disengage from mainstream American medicine – to receive healthcare. It is not clear exactly what kinds of

healthcare will be provided in these alternate clinics, but what is clear is that these organizations are entirely separate from the mainstream medical system. It is notable here that Jenkins started and then quickly abandoned two separate projects dedicated to the creation of alternative healthcare spaces. He has not spoken specifically about the end of either FreedomMed or UGHA, but he continues to speak about the necessity of creating systems that make healthcare more equitable.

This rejection of American medical systems leads Jenkins toward a similar rejection of the COVID-19 vaccine as a product of that same system, which is most clearly demonstrated in his speech at the January 2022 Defeat the Mandates Rally. Jenkins was the first speaker at the organized rally that also included addresses from RFK Jr. and other members of the DD. According to the event's organizers, nearly 20,000 people showed up to march from the US Capitol to the Lincoln Memorial where several speeches were given by prominent members of the anti-vaccination movement.[261] Jenkins seems to take seriously his mission as the first speaker of the day and spends a great deal of time in his speech trying to excite and engage the audience. He begins by asking people to "raise [their] signs up" in an effort to "let the world know that we are alive and that we are free."[262] Throughout his speech, Jenkins frequently employs anaphora in a call and response pattern, repeating entire lines in an effort to generate larger audience responses with varying degrees of success. Examples include lines like "are you free," "are you prepared to fight back," and "are we alive and well," each of which Jenkins repeats at least three times in search of heightened audience response.[263]

Much of Jenkins's speech was focused on the fact that the Defeat the Mandates rally happened on the steps of the Lincoln Memorial, the same steps where Martin Luther King Jr delivered his infamous "I Have a Dream" speech in 1963. After riling up his audience, Jenkins

begins the substantive portion of his speech by saying that "58 years ago there was a young man named Martin Luther King [Jr] that heard God's call, that saw what was happening in America, and found his God courage to fight for us . . . because we are Americans."[264] Jenkins goes on to ask the audience whether they are "ready to reclaim his dream" by fighting against vaccine mandates, which he implies are a form of government tyranny.[265] His argument is one of resistance and of rejection, encouraging his audiences to do whatever they must in order to reclaim their freedom. In harkening back to King's famous rhetorics about the failures of the US Government to uphold the promises it made to Black Americans, Jenkins once again brings historical evidence into the present and connects anti-COVID-vaccination rhetorics to legacies of civil rights activism. I believe his references to King are also a further attempt to create identification with Black members of his audience, he is invoking civil rights rhetoric to position himself as an activist who is willing to continue fighting injustice.

In addition to his connection to King's speech and its racial implications, Jenkins also invokes religion in his rally speech, even going as far as to claim that if God were "here today he would be against mandates, he would be against anything that takes our freedom away from us."[266] Jenkins goes on to draw a parallel between the sacrifice of the people who showed up to the Defeat the Mandates Rally – presumably referring to the financial sacrifices people made to travel to D.C., take time off work, etc. – with the sacrifice of Jesus. "Today we have to sacrifice" just like King and Jesus, he argues, because continued efforts to combat tyranny require continual sacrifice.[267] He employs a priestly voice much like the Disinformation Doctors to spread a message that resisting vaccination is not only a move toward personal freedom, it is Godly. His message is one of morality and personal sacrifice, and he ends his speech with a call to "fight back" against tyrannical medical systems.[268]

This message of resistance clearly aligns with Jenkins's earlier messages about disengagement from mainstream American medicine. Jenkins was quoted in the aforementioned "Medical Racism" documentary as saying that legislation related to vaccines will impact the lives of numerous people, especially if vaccination is tied to receiving public assistance, school, work, travel, and other facets of daily life. In that film, he goes on to make the argument that "big pharma" is taking over our lives a little bit at a time through things like vaccine mandates. All of these messages converge to create a compelling narrative, at least to his audiences, that vaccines are unsafe, enforcing vaccination mandates is a form of tyranny, and Black Americans are particularly at risk when it comes to trusting government recommendations related to health in general and vaccination in particular.

One thing that sets Jenkins apart from other members of the DD is that he rarely references any scientific or medical data. He does not rely on manufacturing a consensus or insider knowledge as a way of establishing his expertise. Rather, he establishes himself as an expert through his ability to identify the fears that many Black Americans feel about the medical system and use those fears to advance his anti-COVID-vaccination arguments. His calls for freedom and resisting tyranny are reminiscent of earlier calls to "Take Control of Your Health," but rather than encouraging his followers to go out and do their own researchers, he discourages them from engaging with the medical system at all. For Jenkins, there is no way to participate in the a system full of "coerced institutional practices" and therefore the only way to achieve justice in healthcare is to disengage entirely. His FreedomMed and UGHA organizations purport to offer alternative spaces for healthcare, but Jenkins rarely describes these alternatives. Instead, he references these organizations only to boost his status as a civil rights advocate and, ultimately, as a way to continue to promote his anti-COVID-vaccination ideology. Each of these

argumentative moves – appeals to fear, rejection without alternative, and self-promotion – establish Jenkins as a malexpert. He does not appear to be interested in engaging in debate about vaccination or in how to make the existing healthcare system more equitable, and he goes out of his way to call out other experts who remain within that system, and he causes harm to his audiences when he discourages them from seeking medical treatment or prevention for COVID-19 infection.

Rizza Islam

The other member of the DD who has built a platform for speaking about medical racism and the impacts of vaccination on Black Americans is Brother Rizza Islam, a practicing member of the Nation of Islam (NOI). He rose to prominence due to his mentorship from Louis Farrakhan, the well-known leader and founder of the Nation of Islam, which the Southern Poverty Law Center describes as an "extremist hate group." [269] It is unclear exactly how Islam came to be a vocal anti-vaccination advocate, but his social media accounts contain such rhetorics dating back as far as 2016, indicating that his anti-vaccination attitudes existed long before the COVID pandemic. The CCDH identified Islam as a prominent member of the anti-vaccination movement because of the ways in which he encourages vaccine hesitance specifically among the Black community. Though Islam does maintain a fairly active social media presence on both Instagram, where he has 103,000 followers, and on TikTok, where he has 75,900 followers and 10.4 million total video views, most of his explicitly anti-COVID-vaccination rhetorics show up in speeches that he gives to live audiences. The most recent, and arguably most prominent, example comes from the same Defeat the Mandates Rally in which Jenkins gave the opening speech.

Before delving deeper into Islam's anti-COVID-vaccination rhetorics, and assessing his Defeat the Mandates address, it is worth discussing his role within the NOI as well as some of

the NOI's beliefs. The NOI is a quasi-religious Black nationalist movement that began in the 1930s. Prominent members include Malcolm X, who famously adopted the last name "X" following the NOI convention of adopting a new surname following conversion into the religion. The group's current leader, Louis Farrakhan has a long reputation of antisemitism and bigotry, according to the Anti-Defamation League, who describe each of these rhetors as "extremist figure[s]".[270] The ADL notes that one of the NOI's central tenants is Black separatism, the notion that Black people will only be able to thrive if they fully separate themselves from the rest of society.[271] This belief in separatism is, incidentally, part of why Malcolm X ended up disavowing the NOI later in his career. Even then, it was clear that the NOI's focus on Black supremacy and separation was not in fact a move toward social equality.

This idea of Black separatism is key to Rizza Islam's rhetoric, though. Not only does he seem to support the NOI's general belief that full disavowal of White society is the only way forward for Black people, he specifically makes this claim with regards to medicine. In fact, it is his long history of referring to vaccines as "part of a government depopulation plot targeting Black people" that allowed him to rise to prominence within the NOI in the first place.[272] The Anti-Defamation League reports that Islam was able to establish a partnership between the NOI and RFK Jr., a relationship that has allowed for the further amplification of anti-vaccination messaging. Throughout his work with the NOI, Islam promotes a particular form of Black separatism from American medicine. Though he does seem to believe in the separatist movement more broadly, Islam seems particularly interested in promoting Black disengagement from the medical system. This is illustrated, in part, by the fact that his personal webpage and web store are almost entirely dedicated to anti-vaccination and anti-medicine messaging.

Islam engages in a great deal of self-promotion and marketing of his various porjects on his personal website, accessed through the url intellectualones.org. The very name of his website implies that he is seeking intellectuals to join him on a path toward enlightenment. Here, Islam sells several items that advertise his anti-vaccination message including rubber wristbands that read "educated not vaccinated" and T shirts with the slogan "not another Tuskegee experiment" above an image of a crossed-out image of a syringe.[273] These slogans work to reinforce Islam's position that the only way for Black Americans to receive proper healthcare is for them to disengage entirely from the medical system. Becoming "another Tuskegee experiment" is, he seems to argue, inevitable. In the same web store, he sells shirts emblazoned with "natural immunity wins."[274] Here, Islam is mirroring Dr. Mercola's argument that vaccination is unnecessary due to our bodies' natural immune responses. He seems to take this a step further, though, to argue not just that COVID vaccines are unnecessary, but that all medical care is unnecessary. This is the first indication that Islam is a malexpert, he tells his followers that their "natural immunity" is the only thing they need and that seeking any additional medical care – including vaccination of any kind – risks turning them into "another Tuskegee experiment."

On his website, Islam also promotes his self-published "Message to the Millineals [sic]" book, which is described as being for "BLACK IDENTITY EXTREMISTS" who want to "expose the plot, agenda, and targeting of the black intellect . . . in modern time."[275] In a book review for the Independent Scientology and Nation of Islam News blog, writer John Tyler notes that Islam's conclusion is, once again, that the only solution to this targeting of Black Americans is to create a separate Black state.[276] The issue is that Islam does not provide a vision for what this separatist state might look like, other than to say it is the anthesis of all our current institutions. It is fair for Islam to caution his Black followers against certain aspects of the

medical system, and it is fair for those same people to be wary of seeking medical care given the history of exploitation in medical research. What is not fair to his followers is that Islam does not offer them an alternative or engage in any organizing to make alternatives a reality. Rather than help his followers actually get the medical care they deserve, Islam advocates they go it alone.

Defeat the Mandates Rally Address

One of the clearest examples of Islam's anti-COVID-vaccination stance is in his address at the Defeat the Mandates Rally. Following a lengthy address from RFK Jr., Islam began his speech by telling his audience that "scientifically speaking, you're awesome."[277] He goes on to say that "they really didn't expect all of this," presumably referring to the size of the rally, and that "this is what you get . . . when you choose to attack men, women, medical professionals, those with degrees, those without degrees, and everywhere in between."[278] In continued efforts to create identification, Islam implores his audience to look beyond their differences on religion and focus instead on achieving shared freedom.

Early in his speech, Islam mentions that audience members must come from varied religious backgrounds and applauds their ability to put aside those differences in favor of a broader focus on mandate resistance. Later, he returns to this religious messaging when he claims that "Satan has obviously declared war on all of humanity," and that the only explanation for both the pandemic and the restrictive responses to it is that Satan himself must have been involved. Because of this, he tells his audience that we can "argue over religion only after we are free" from tyranny.[279] This argument – that debates about religion should take place only once true equality is achieved – was one that Malcolm X advanced throughout his activism as well. Islam's argument here is another example of these members of the DD using historically-significant civil rights arguments to advance their conspiratorial claims. Interestingly, even though he is referencing religion, I do not think that Islam is using a priestly voice here. He is not

claiming to be sharing some higher knowledge or Godly wisdom with his audience, rather he uses religion to establish a moral framework of good vs evil and to bring his audience together by encouraging them *not* to focus too much on their religious differences.

Islam references MLK Jr. in his speech, claiming that his dream "has in many ways turned into a nightmare" because, Islam argues, the Black community has been used to "push poison" into communities.[280] "You pimped the Black community and played everyone else," Islam claims, through using "our" rappers, athletes, and actors to push the idea that vaccines are "safe and effective."[281] These statements work to construct Islam's argument in two key ways. First, in referencing King's "dream," he is engaging Black rhetorical traditions. In so doing, he positions himself as a civil rights activist who is continuing in a long legacy of fighting oppression. Second, his argument is not just that COVID vaccines are dangerous, but that they are poisoning Black communities. Islam goes on to talk about what he terms the "great COVID experiment" and claims that "a billion" people have been potentially experimented on with the COVID vaccine.[282] Here, he is weaponizing the fears that his audience has about the legacy of experimental exploitation as evidence that COVID vaccines must be unsafe.

Islam goes on to speak more about vaccine injuries, referencing a time in 2015 when he met with RFK Jr. to review information about vaccination in the Black community. Apparently, RFK Jr. brought a set of data to Islam that proved "something worse than Tuskegee was happening now," which Islam subsequently shared with other, the Pope and "all members of the human family".[283] Once again, Tuskegee is referenced as a way of stoking fears about exploitative medical research and potential harms from receiving treatment. It is notable that Islam does not detail what this "worse-than-Tuskegee" situation entails, but the comparison alone is enough to construct a powerful emotional appeal.

Ending his speech with the now-familiar refrain that Dr. Fauci is not to be trusted, Islam argues that anyone invested in their own medical freedom should do their own research. He claims that scientists like Fauci have not "answered the challenge" of anti-COVID-vaccination advocates. These arguments feel particularly interesting here because if Islam is correct about the entire medical system working to "pimp out" the Black community, where exactly are we to turn for this research? Who does Islam believe we can trust as providers of information if the whole institution is corrupt? He never answers these questions, in this speech or elsewhere, other than to say that anyone who endorses traditional medical practices is, at best, lying to you and, at worst, a racist conspirator who is trying to kill you. Though he does reference RFK Jr. in the speech as a potential source of information, Islam gives no indication as to where his followers should go to find medical information.

The ways in which Islam establishes himself as a malexpert are unique. Like Jenkins, the evidence he uses to support his claims about the dangers of COVID vaccination are not scientific but historical. He aims to persuade not based on piles of data but on continuance of long-held beliefs. His goal is to reinforce his audience's anxieties about seeking medical treatment rather than to provide them with much new information about how or where to get medical care. What sets Islam apart is, in large part, his lack of imagination. While he seems steadfast in his belief that the only way to remedy the problems with American medicine is to leave the system entirely, and to reject all of its products and proponents, he does not offer alternatives for his audience. Instead, he tells them to listen to their anxieties, question everything, and never trust anyone who advocates for traditional health practices. Finally, Islam stands alone among members of the DD in that he almost never shares new information, or really any actual information at all. As was briefly illustrated in this section, much of Islam's public rhetorics are

repetitions of the same claims about Tuskegee and other historical exploitations, and his argument is always that rejection is the only solution. He rarely talks specifically about the COVID-19 vaccine, or any particular medical treatment for that matter, because specificity is irrelevant to his larger argument that every facet of American medicine is racist and therefore should be rejected.

Because Islam does not share information with his audiences, they see him as a different kind of expert than other members of the DD. Islam's form of expertise is based on his experiences as a Black man, on his knowledge of historical injustices, on his ability to tap into the Black rhetorical tradition to make arguments, and, I believe, on his argumentative consistency that separatism is the only solution. Islam's status as a malexpert is thus based, in part, on his domain-crossing. Recall that true expertise must remain domain-specific, and true experts will not attempt to speak credibility about issues outside of their core domain. Here, though, Islam is crossing domains. He is using his expertise in Black American history to make arguments about health and medicine. While Islam is certainly not the only member of the DD to cross domains – recall that Mercola, an MD, speaks extensively on his website about vetrenary medicine, among other things – he seems to go further outside his domain than anyone else. Islam could be considered a true expert in religion or in Black history, but neither of these domains allow him to speak credibly about COVID vaccination.

Conclusion

Like the rest of the DD, Islam and Jenkins argue that the American medical system is deeply corrupt and should thus be rejected. Unlike the previously-discussed members of the DD, though, both of these rhetors rely heavily on historical evidence of past injustices to make their claims. Their argument is that the history of exploitation of Black Americans within the

American medical system justifies nonparticipation within that system today. For them, medical science has been deemed untrustworthy until proven otherwise.

It is worth noting one final distinction between these arguments and the ones made by other members of the DD. The Disinformation Doctors become malexperts, in part, because they spread bullshit to their audiences about COVID-19 vaccines, but claim that it is actual health information. The Informational Influencers are malexperts largely because the information they share with their audiences is factually inaccurate. In both of these earlier cases, malexperts are using bad evidence to make their arguments. Here, though, the evidence itself is quite good. Islam and Jenkins are correct about the history of medical exploitation in America. It is true that experiments like Tuskegee and the EZ vaccine trial relied on the exploitation of Black people. It is also true that these are only two examples from a long and fraught history of racial discrimination in medicine writ large. They do not have to manufacture a consensus about legacies of racial exploitation, there is a legitimate consensus to support their point of view.

However, evidence of past harm is not evidence of present danger. Though Islam and Jenkins are correct about the injustices perpetrated against Black people throughout the history of American medicine, they throw the proverbial baby out with the bathwater when they argue that this implies a full rejection of all healthcare. They cause harm to their audiences when they tell them not to trust doctors, not to get vaccinated, and not to follow public health guidance. They further this harm when they refuse to provide alternative sources of information to their followers, instead merely telling them to "do their own research" but to avoid mainstream medical sources at all costs.

Chapter 5

Experts and Malexperts in Times of Crisis

In times of crisis, we turn to experts to guide us. As Hartelius reminds us, "the less certain we are about our own lives, the more we need to believe that there are those who have all the answers" who can guide us through the chaos we are all experiencing.[284] The COVID-19 pandemic was and remains the greatest public health crisis of our generation. It is thus no surprise that experts and malexperts alike capitalized on the moment to position themselves as the ones with answers.

The difference, though, is that true experts rarely claimed to have *all* the answers. Recall that the process of normal science is incremental, and therefore any new developments in research will be small and incremental as well. The implication of this process of normal science for public health recommendations is that they will often change. As science develops and we learn more about the spread of novel diseases, such as COVID-19, our understanding of the best preventative measures will inevitably change. This is why the CDC so frequently updated their recommendations for masking, social distancing, and other public health measures early in the pandemic. True experts acknowledged, especially early in the pandemic, that definitive answers were scarce. We did not initially know where the virus came from, how to treat it, or how to prevent its spread. Naturally, this led to a great deal of speculation early in the pandemic. The entire scientific community was scrambling to find treatments, and as soon as any new information became available, experts wanted to share the best possible information with their audiences.

Following a few promising studies, the CDC at one point recommended the use of the drugs hydroxychloroquine and ivermectin as potential treatments for COVID-19, explicitly mentioning that these treatments were experimental. However, after further research was completed and it became clear that not only are these treatments ineffective, but they are potentially dangerous, the CDC changed its recommendations. This is the process of normal science working correctly.

Our malexperts within the DD, though, continue to promote both ivermectin and hydroxychloroquine as verified treatments for COVID-19. Recall that both Mercola and RFK Jr. continue to include sections on these drugs in the COVID section of their "science libraries." Their doubling-down on these discredited treatments illustrates their disengagement from the process of normal science. Even when presented with evidence of a competing scientific consensus, these malexperts are unwilling to change their positions.

This leads to what I see as the most important differentiator between true experts and malexperts. It is not just in their propensity to cause harm or provide misleading information to their audiences; it is in how they respond once they become aware of the harms they have caused. True experts will acknowledge and learn from their mistakes. This is, after all, how normal science progresses. We track our progress and learn from it, changing our minds when new information becomes available. Evidence of this doubling-down response can be found in Kennedy's continued references to the dangers of mercury and its purported links to childhood autism. Rather than acknowledging that the foundational study upon which this supposed link was discovered has been retracted, and the decades of research that have disproven *any* link between vaccination and autism, Kennedy maintains his position.

When presented with evidence of the harms they have purportedly caused, the malexperts I have reviewed here tend to do one of three things. First, they will simply ignore it. Members of the DD will often delete comments on their posts that contain criticism of their positions in order to maintain the appearance that everyone in their comment section agrees with them. In Chapter 2, I gave the example of Dr. Northrup responding to a critical comment by urging her follower "NOT to listen to me." In this case, Facebook user Mary Ely commented to ask Dr. Northrup to provide additional information about the link between vaccines, genetics, and personality, claiming that when Dr. Northrup describes the COVID vaccines as impacting personality through genetics, "it makes me not want to listen." When Northrup responds that her follower should not listen, rather than providing additional information about the purported link between vaccines, genetics, and personality, she is clearly disengaging from criticism. This kind of disengagement is made possible, in part, through the fact that most of Northrup's information can be best classified as bullshit. Because the bullshitter is not beholden to any particular argumentative or truth-based position, they can simply shift away from any potential criticism rather than engaging it directly.

Second, malexperts will double down on their original positions. This is evidenced by Dr. Mercola and RFK Jr.'s frequent refrains about the benefits of ivermectin and hydroxychloroquine even when overwhelming amounts of scientific research have shown that these are ineffective treatments for COVID-19. Doubling-down is employed as an argumentative strategy by Drs. Northrup and Tenpenny in their continued social media posts about the dangers of COVID-19 vaccines and booster shots. Almost every time the CDC or FDA releases a report related to COVID-19, each of the DD members will repost their release with their own comments about the corruption of these institutions and the imperative to continue resisting

vaccination and other public health guidance. Once again, rather than engaging with other experts in the normal science process of debate that leads to error-correction, these malexperts make the disingenuous argumentative move of avoiding debate altogether. Even the DD's continued focus on thimerosal as a vaccine additive despite its removal form all US vaccines illustrates their inability to engage in real debate. Once again, this is a strategy of doubling-down on their argument that any engagement with the American medical system or pharmaceutical products will inevitably result in more harm than good.

Their ability to manufacture consensus contributes to the efficacy of these doubling-down efforts. For Kennedy and Mercola in particular, any challenge to a particular piece of evidence is met with a reminder that hundreds more pieces of evidence exist to support their claim. Because they have manufactured the appearance that there is mountains of support for their positions, they are not required to defend any one piece of evidence in particular. Any challenge to their position can also be easily answered by pointing to the apparent consensus itself as evidence. The sheer amount of information contained in their "Science Libraries" itself functions as an argument here, and one that allows them to maintain their positions despite relevant opposition. The facts, they say, are on their side and therefore anyone who disagrees with them is simply wrong.

Islam and Jenkins too, whose consensus is based on historical evidence rather than scientific data, engage in this doubling-down strategy every time they reference Tuskegee as a reason to distrust vaccination. Rather than engage with new evidence or entertain alternate possibilities, these rhetors rely on consensus to dismiss opposition. They continually reference the same examples to make their arguments, as though Tuskegee alone invalidates every subsequent piece of medical research.

This brings us to the final strategy that malexperts use to distance themselves from the negative impacts of their rhetorics. Rather than acknowledging the harms they may have caused, the DD will often divert attention away from critique by pointing to another, worse, harm. This is most clearly illustrated by the rhetorics of Islam and Jenkins, who argue that the most dangerous place for any Black American to be during the COVID-19 pandemic was the hospital. The worst harm one can experience, they claim, is medical racism which is perpetuated by the entirety of the medical industry. The only solution, therefore, is to disengage entirely and minimize your interactions with any and all doctors to the fullest possible extent. This solution includes discouraging all vaccination, ignoring public health advice, and refusing medical treatment or hospitalization for COVID-19 infections.

This strategy of diversion is employed every time members of the DD claim that Dr. Fauci, the CDC and FDA, and the entire government are corrupt. Their claim here is that the worst harms arise from participation in a corrupt system. Avoiding participation is thus both a way to avoid the potential medical harms that come from vaccination, as well as the social and political harms that come from being subject to government overreach. Here is where the malexpert often becomes a conspiracy theorist. If they are correct about the potential dangers of COVID vaccination, and if they are correct that there is in fact copious scientific and historical evidence to support their positions, then it makes sense to want to resist public policies that could exacerbate these harms. The issue is, once again, that the DD does not provide alternatives. They have not offered a vision of what a medical system free from corruption might look like and they have not provided much by way of alternatives for treating or preventing COVID-19 infection.

These are just a few examples of how malexperts distance themselves from the harms caused by their rhetorics. Through strategies of hiding or ignoring criticism, doubling-down on their original arguments, and diverting attention toward other harms, they are able to maintain their positions despite obvious evidence of the harms they have caused. All of these strategies demonstrate that these rhetors are unwilling to engage with opposition. They rarely entertain counterarguments to any of their positions, once again illustrating their differences from their expert peers. True experts are willing to question their assumptions and even their facts in the face of new evidence. Experts change their minds. They challenge one another and are open to being challenged themselves. Debates are the sign of a healthy scientific process, and disagreement is how discoveries are made. Refusal to engage means refusal to move forward, something each of these malexperts seems reluctant to do.

Conclusion

I want to return now to the research questions that I posed at the outset of this dissertation.

1. What anti-COVID-vaccination rhetorics are circulating in the US?
2. What is the role of expertise in COVID vaccination debates?

The development of malexpertise as a rhetorical framework allows me to answer each of these questions as they relate to the rhetorics of the DD. First, anti-COVID-vaccination rhetorics often look similar to other types of science rhetoric. The Disinformation Doctors show us that traditional markers of expertise, such as professional credentials and job experience, still matter even when those experts are spreading bullshit. They often reference their status as physicians when sharing information about COVID vaccines as a way of establishing their ethos as information providers. The Informational Influencers show us that by adopting seemingly-scientific strategies of data collection and processing they are able to mimic the performance of true informational expertise. Manufactured consensus works much like legitimate scientific

consensus as an argumentative tool that allows rhetors to speak from a position of authority. Our Racialized Reactionaries show us that historical evidence can be just as persuasive as scientific data in debates about vaccination. They are able to make anti-COVID-vaccination arguments without much reference to the actual vaccines at all.

Like any debate about science, evidence is key in COVID vaccination debates. However, previous case studies show that the types of evidence that are persuasive in these debates are not always scientific. The Disinformation Doctors remind their followers that their own bodies and the feelings they have are the best health information anyone could have. They encourage their followers not to listen to evidence from their doctors, but instead to collect evidence only from their own bodies and their own experiences. The Informational Influencers use evidence in a particularly interesting way. Because their primary rhetorical strategy is the manufacturing of consensus, no one piece of evidence is particularly important for them. Rather, the mere appearance of copious evidence is often sufficient to support their claims against COVID vaccination. The evidence used by the Racialized Reactionaries is historical, and not at all directly related to their claims about COVID vaccines. However, this lack of relevance does not seem to matter because their argument ultimately relies on stoking fears and anxieties rather than logic. In each of these cases, the DD is able to advance their claim about the potential dangers of COVID vaccination despite the fact that none of their data actually supports that claim.

All six of the DD members I have reviewed here rely not just on stated evidence to support their claims, but on enthymematic arguments related to their audiences' deeply-seated distrust of American institutions. The American medical system and government are not to be trusted, and therefore anything they recommend is to be treated with suspicion. The vaccines themselves were produced with a great deal of government funding and were approved through

institutions, including the CDC and FDA. The mere association of vaccines with villainous systems is enough for the DD to persuade their audiences against vaccination. This is the fallacy of guilt by association, but because the DD is relying here on their audiences' preconceived ideas about government corruption, they do not have to provide evidence of this purported corruption. Instead, it is enough to rely on the assumptions of their audiences. Ad hominem fallacies also play a role in this argument. The construction of Dr. Fauci – the ultimate representative of government healthcare – as evil allows the DD to construct every organization represents as evil as well. Here again is where the DD malexperts verge on conspiracy. If Dr. Fauci as one representative of institutions is evil, audiences must be able to assume that other members of those institutions are evil as well. Audiences are then prompted to use this belief that all members of government institutions are evil to reject those same institutions and everything they produce, including and especially vaccines.

The answer to my second research question is that experts in COVID vaccination debates play the same role as experts in any kind of scientific debate. They stand in as representatives for science and they function as information-sharers in the public sphere. Experts and malexperts alike found their voices throughout the course of the pandemic. Dr. Fauci, other members of the CDC and FDA, and countless other true medical experts worked hard to share vast amounts of information with public audiences as soon as they became available. These same experts also worked to correct mistakes when they were revealed, as illustrated by the CDC's recommendation and then de-recommendation of ivermectin and HCQ as potential treatments for COVID-19 infection.

The DD are just a few of the malexperts that mirrored this information-sharing strategy. Like true experts, they continuously engage in what they see as public education about the

dangers of COVID vaccination. By mimicking true experts, malexperts are able to be perceived by their audiences as worthy of attention. However, malexperts are not true experts. As has become clear throughout the course of this dissertation, the rhetorical strategies used by malexperts are manipulations of true expertise that result in harm to audiences. Their refusal to engage in debate, to change their minds or entertain alternative evidence, and to imagine alternative possibilities for healthcare means that they are not working toward the best interests of their audiences and they are not performing true expertise.

This dissertation presents an initial framework differentiation between true experts and malexperts. Future research should investigate where malexpertise shows up in domains other than science and public health. Once we can identify malexperts, we must then devise a strategy for mitigating their harms. Conventional strategies for correcting mis- and disinformation such as deplatforming and fact-checking are only part of the solution here. Removing DD members from social media platforms certainly has some impact on their reach, but as new platforms continue to emerge, they will inevitably find audiences elsewhere. Addressing malexpertise requires, in part, a concerted effort to restore public trust in science. This effort will require true experts to speak up on behalf of science, and to do their best to challenge malexperts whenever possible. By identifying the places where malexperts subvert the process of scientific debate, we can begin to call them out on their disingenuous argumentation practices. Only then can scientific debate reopen in the public sphere.

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[99] Dr. Christiane Northrup, "The Great Awakening Dec 21, 2020 We have arrived. We are out of the cocoon.. Hot to do a solstice ritual. Who owns your DNA?" Facebook Video, December 21, 2020, https://www.facebook.com/DrChristianeNorthrup/videos/963073870888362/.

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[111] Northrup, "7 Health Questions."

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[129] Carl T Bergstrom and Jevin D West, *Calling Bullshit: The Art of Skepticism in a Data-Driven World* (New York: Penguin Random House, 2021), 40.

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[140] Scott J MacIntyre, "Warning Letter CHI-7-06," The Food and Drug Administration Public Health Service (Chicago: Department of Health and Human Services, FDA, 2006). Accessed via https://web.archive.org/web/20140829062422/https:/www.fda.gov/ICECI/EnforcementActions/WarningLetters/2005/ucm076069.html.

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higher risk of melanoma skin cancer, able to reduce the effects of aging, and as an essential method for getting Vitamin D. The FTC went on to claim that none of these statements are scientifically verified, and that in fact there is a great deal of evidence that tanning beds are in fact linked to melanoma.[141] As a result of this lawsuit, not only was Mercola required to refund many of his customers, his company was forced to remove all tanning beds and tanning-related products from their Mercola Market and banned from selling such items in the future.[141] Despite the fact that he no longer sells these products, Mercola continues to advocate for the benefits of indoor tanning and sun exposure. As recently as 2022, Mercola posted articles on his website entitled "Benefits of Sunshine on your Bare Skin," and "Pathologists Agree Skin Cancer is Overdiagnosed," both of which tout the supposed benefits of sun exposure.

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[150] Kennedy, "Foreword," 12.

[151] Kennedy, "Foreword," 12.

[152] Kennedy, "Foreword," 16.

[153] Kennedy, "Foreword," 18.

[154] Mercola, *The Truth About COVID-19*, 77.

[155] According to the official Event 201 website, the event itself was a conference in which leaders from nonprofit, government, and healthcare groups came together to plan for a pandemic with "potentially catastrophic consequences."[155] Event 201 was a standard health policy conference with a specific focus on pandemic planning and private/public partnerships for addressing the possibility of a global pandemic.

[156] Mercola, *The Truth About COVID-19,* 82-3.

[157] Mercola, *The Truth About COVID-19,* 88.

[158] Mercola, *The Truth About COVID-19,* 96.

[159] Mercola, *The Truth About COVID-19,* 101.

[160] Mercola, *The Truth About COVID-19,* 110.

[161] Mercola, *The Truth About COVID-19,* 110, emphasis original. It is worth noting that even the flu has higher mortality rates, according to Mercola, and things like medical error are more responsible for deaths than the COVID virus. In particular, many patients hospitalized with COVID contracted sepsis during their hospital stays as a result of poor sanitation and malpractice. Though there are no statistics in this section to support his claims about comorbidities and alternative causes for mortality, Mercola remains staunch in his claims that COVID itself is not nearly as deadly a virus as it has been made out to be.

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