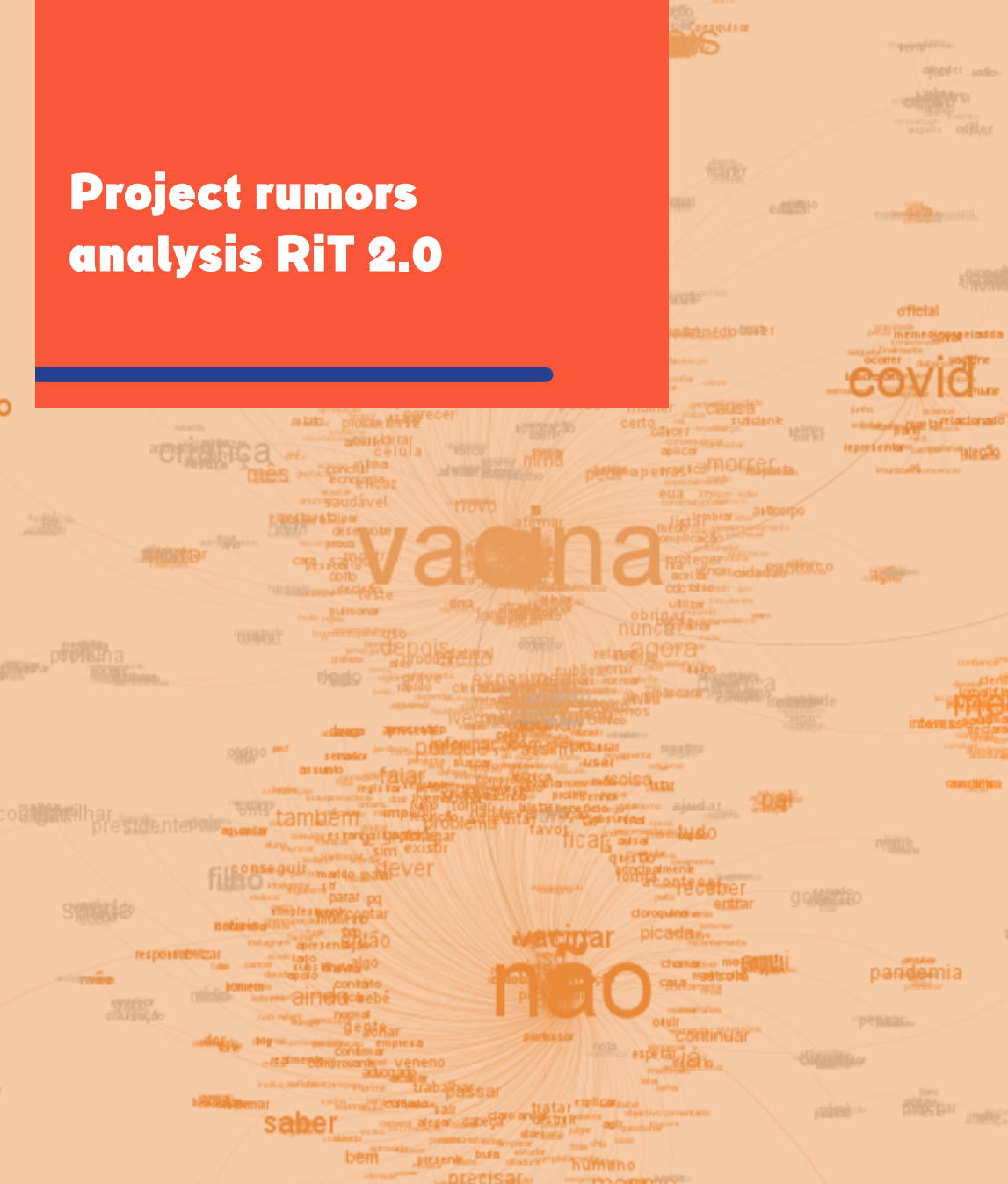


# Project rumors analysis RiT 2.0





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# EXECUTIVE SUMMARY

**T**his document summarizes our analysis of **1,712 rumors about the COVID-19 pandemic, collected online and offline throughout 2022. The data collection focused on Indigenous and Quilombola communities in the states of Roraima, Pará and Amapá.** Online data gathering was restricted to regions close to Indigenous lands, border towns and Quilombos in the regions in question. Offline data was collected through Indigenous and Quilombola contacts recruited through partner organizations. Most of the rumors analyzed were from Telegram (997 rumors), an app in which groups seeking to spread information virally from other apps such as WhatsApp normally gather. By being able to see the origin of the information shared through the app, we were able to reach groups consistently focused on discussions against pandemic-related preventive measures and the COVID-19 vaccine in the three states mentioned above. Twitter took second place, with 541 rumors. On this platform, activists could reach a wide audience, including decision makers. However, the objective was not simply to disprove fake news.

The dissemination of false information during the COVID-19 pandemic underscored that simply checking and “refuting” that information was not sufficient. The idea that we could understand the problems caused by a specific rumor by considering only the veracity of the information it communicates fails to take into account fundamental elements. For example, it disregards the cultural factors that determine how each news item will be interpreted locally, as well as social factors concerning trust in the people who are conveying this information, and how experiences, anxieties and fears stemming from each individual’s own history reinforce the belief in some of this information. Put simply, each “fact” is checked and refuted, but the realities in which these facts are interpreted and the possibility for misunderstanding are manifold and vary drastically, depending on the cultural, social and personal factors at play.

The first step toward understanding this scenario involves differentiating between types of false information and the stigmas carried by each of them. Health anthropologist Heidi Larson, director of the Vaccine Confidence Project, argues that rumors about vaccines and diseases may stem from efforts to resolve problems collectively, born from the need to



take action in highly uncertain scenarios.<sup>1</sup> We will not therefore refer to misinformation (information produced and disseminated to intentionally mislead people) or *fake news* (false reports that go viral on online social networks and messaging apps), but rather to rumors (according to the concept proposed by Larson).

If we do not address the uncertainties and fears that make sense of different rumors, we run the risk of generating responses that make no sense within those realities. Restricting authorized news sources, centralizing them within elites that have, in the past, been ethically ambiguous and do not recognize the basic rights of various population groups, could exacerbate – rather than resolve – the problem of distrust toward scientifically proven information. According to Larson, instead of presenting science as a tool for avoiding reliance on irrefutable dogmas of unknown origin, scientific information is often perceived by various communities as dogma from outside of that society and culture that would need to be accepted and followed unchallenged.

The solution to this impasse would be to interpret information in its collective form, whereby rumors are not treated individually as true or false, but instead as part of an information ecosystem.<sup>2</sup> Instead of focusing on each fish (individual rumor), it is the dynamics of the shoal (set of rumors, fears, anxieties and sources of information that circulate together), and the factors that may pose risks to the community in which this set of rumors is circulating, that should be understood. Such an approach must take into account not only the supply of information (what rumors are available and by what means), but also the demand for information (how this information interacts with local anxieties and fears, adjusted to different realities). This enables us to move beyond past facts and information already shared, seeking to guide our actions on the basis of the current information ecosystem – stemming from the anxieties, risks and uncertainties that lead people to believe in rumors – with a view to a strong and healthy information ecosystem in the future.

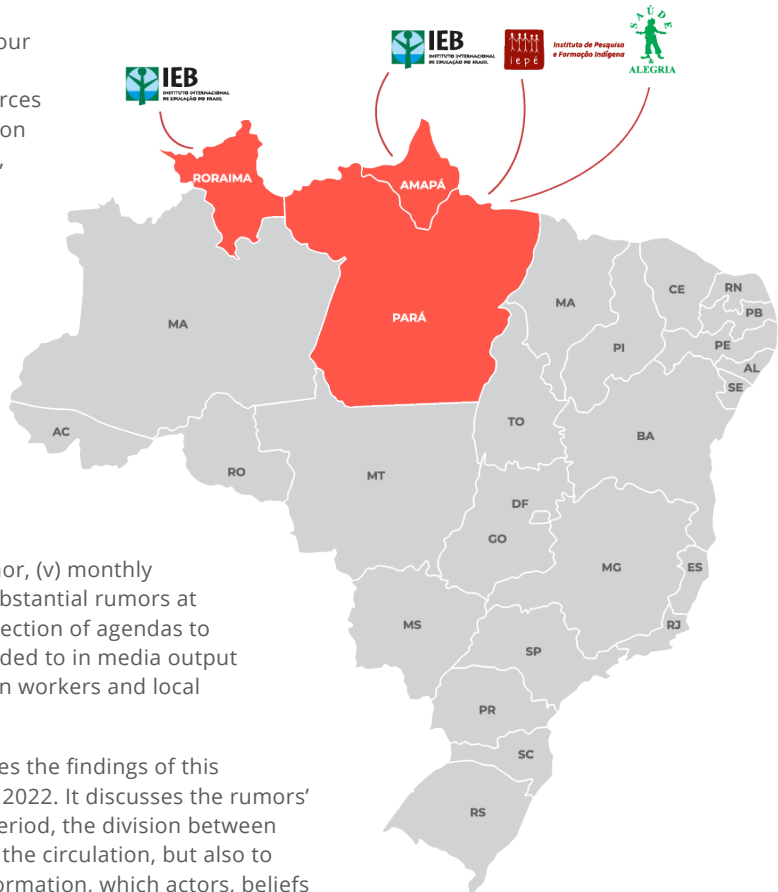
<sup>1</sup> See “Stuck: How Vaccine Rumors Start – and Why They Don’t Go Away,” by Heidi Larson, Oxford University Press, 2020.

<sup>2</sup> For more information, see IEA – Information System Analysis, provided by RiT 2.0 Brazil (Rooted in Trust, Brazil).



To achieve this scenario, our methodology involves (i) mapping information sources and targeted data collection on online social networks, (ii) offline collection of rumors sent by partners within the Indigenous and Quilombola communities of Roraima, Pará and Amapá in which we operated, (iii) cross-referencing quantitative as well as qualitative analysis of all rumors collected, (iv) defining the risk potential of each rumor, (v) monthly discussion of the most substantial rumors at editorial meetings, (vi) selection of agendas to be addressed and responded to in media output for partners, humanitarian workers and local journalists.

This document summarizes the findings of this methodology throughout 2022. It discusses the rumors' main topics during that period, the division between issues relating not just to the circulation, but also to the adaptation of this information, which actors, beliefs and suspicions are behind these rumors, and what risk types are involved.





# KEY LEARNINGS

## RUMOR CIRCULATION

- ❖ The six main topics throughout the entire period under review were: Children, Vaccine Agenda (conspiracy theories); Access Rights (vaccination passports and restrictive measures); Experimentation (vaccine seen as a scientific experiment); Safety and Side Effects (of the vaccines); and Treatment or Cure (for COVID-19)<sup>3</sup>.
- ❖ Rumors introduce events and associations, whether real or , that provide substance and urgency to concerns previously considered abstract. In this sense, it is possible to separate ongoing associations (repeated over time and which seem to have deeper roots) from ad hoc associations (related to specific events). Ongoing associations take us closer to what lies behind the rumors.
- ❖ Children, Safety and Side Effects are the topics that most involve sustained risks perception over time (primarily rumors considered medium-risk on an ongoing basis, and quantitatively close to low-risk rumors).
- ❖ Experimentation and Safety rumors have similarities, and could be the connecting element between concerns involving Children, on the one hand, and the Vaccine conspiracies on the other. Discussions on Treatment and Access Rights distanced themselves from the above debates, but may be found in specific agendas such as the right of unvaccinated children to attend schools, or the idea that there would be a conspiracy to implement a “health dictatorship” through the vaccination passport.
- ❖ With regard to Children as well as Safety and Side Effects, messages circulating in groups in Roraima, Pará and Amapá repeat content from people positioning themselves as medical authorities on Telegram.
- ❖ Anger and frustration are the primary emotions behind the online dissemination of the rumors identified.

<sup>3</sup> Political Agenda was extremely common online but with no counterpart in our qualitative and offline analysis, distorting the analysis. Once Vaccine Agenda also brings false information and conspiracies, we preferred to remove Political Agenda from that analysis. Both sub-themes appeared in around 120 rumors each.

## ADAPTATION OF RUMORS IN THE COMMUNITIES ANALYZED

- ❖ Children, Safety and Side Effects were frequent topics in conversations with Indigenous and Quilombola communities in the states in question, indicating that this content also circulates locally. This is particularly true for uncertainties around pregnant women, a group that indeed did not receive enough specific information about how suitable the vaccines were at the start of the vaccination program.
- ❖ Social considerations are also an important factor in defining risk and its prioritization. For example, the risk of being infected is balanced against the risk of losing the support network that the church represents, of losing days of work for self-employed workers who also need to take care of children, of losing access to places and opportunities by following specific religious principles, or believing that the vaccine could have worse effects than the disease itself. Even if the risks associated with COVID-19 are identified, that does not mean that they will be a priority for groups in vulnerable situations.
- ❖ Hesitancy does not necessarily stem from total ignorance of the risks posed by not getting vaccinated. It stems from decisions in which social vulnerability and the absence of solid support networks mean that such risks are not the most important factor in decision-making.





# MAIN TOPICS IDENTIFIED BY THE PROJECT IN 2022

**S**ince our analysis does not give the same weight to all rumors, and prioritizes those with greater risk potential, it is worth briefly explaining what we mean by risk. According to risk researcher Michele Wucker,<sup>4</sup> people compare thousands of risks when making everyday choices – the risk of taking or not taking action in every situation. Since all risk involves a backdrop of uncertainty regarding the available options, there is a clear relationship between vulnerability and risk. The more vulnerable the group to which an individual belongs, the narrower their margin of maneuverability in choosing not to take on any risks in their daily lives. And the smaller their support network, the worse the consequences of making mistakes when taking on any risk.

The influence of risk on people's actions therefore involves comparing options. The question needs to be asked: By saying that something involves risk, are we saying that it is risky in comparison to another option, and with what consequences? A refugee who faces taking to the ocean on a raft may be taking risks, but if that person is fleeing civil war, their options entail considering several different risks and prioritizing one of them. To avoid running the risk of drowning, it is not enough to warn them that the sea crossing is risky. Instead, what needs to be taken into account is how this risk interacts with several other risks with which it competes, once again bringing the ecosystem idea into play. Likewise, the knowledge that leaving Indigenous territories increases the risk of COVID-19 infection may not be a decisive factor at times when Indigenous lands are being invaded by miners, and when drinking water, food and medicine are lacking.

## RISK TYPES

**LOW RISK:** rumors that do not put the people or communities that believe them at imminent risk. Believing that ginger cures COVID-19, for example, could give a false sense of security, but does not cause immediate harm or social panic.

**MEDIUM RISK:** rumors that can cause actions or panic if they become a widespread belief, such as the idea that the vaccine is an experiment to which we have not consented, or a biological weapon.

**HIGH RISK:** an imminent threat as a result of belief in the rumor – even by a few people – or calls to action that could cause harm or violence against specific groups. Ingesting chlorine or encouraging people to assault health workers are examples of this.

<sup>4</sup>See "You Are What You Risk: the New Art and Science of Navigating an Uncertain World," by Michele Wucker, 2021, Pegasus Books.





Added to this is the fact that countries unevenly distribute risks – the uncertainties faced by different parts of the population and the lack of support for dealing with the consequences that arise from these risks – among their citizens and among the different regions within these countries. It is therefore to be expected that risks of and motivations for ignoring the existence of COVID-19 will vary considerably among citizens.

All rumors identified – 1,712 up until December 1, 2022 – were analyzed in relation to several factors, including the risk potential, topics discussed, and emotions involved. By “risk potential”, we mean the balance between two factors: the possibility of causing immediate harm to individuals and communities, such as encouraging violence against others or actions with the potential for individual harm (drinking kerosene as a cure for COVID-19, for example); and the apparent plausibility within the culture in which the topic in question is circulating, enabling greater reach. Based on this breakdown, rumors are separated into low, medium, and high-risk rumors. Medium and high-risk rumors are the ones we focus more on addressing and responding to in our project.



# OVERVIEW

**T**he six main topics throughout 2022 were: rumors involving Children's safety; Access Rights that would be threatened by the vaccination passport; the idea that the vaccination was an Experiment that used people as guinea pigs; Safety and Side Effects allegedly related to vaccines; Treatment or Cure (alternatives) for COVID-19; and conspiracy theories grouped under the term Vaccine Agenda. These topics are what we call subtopics, within the topics "Vaccine" and "COVID-19" (in general).

## TOPICS (SUBTOPICS) PRESENT THROUGHOUT THE PROJECT

**ON THE TOPIC OF VACCINES:** Access Rights; Children; Corruption; Death; Distribution; Doses; Efficacy; Experimentation; Expiry; Individual Access; Political Agenda; Post-Vaccination Behavior; Post-Vaccination Infection; Pregnancy/Fertility; Product Development/Manufacturing; Religion; Safety/Side Effects; Target Population; Vaccine Agenda; Other.

**ON THE TOPIC OF COVID-19:** Approved Antivirals; Corruption; Disease Severity;

Endemicity; Government; Healthcare; Sham; Immunity; Long Covid; Masks; Origin/Cause; Prejudice/Stigma; Prevention; Reinfection; Religion; Secondary Impacts; Symptoms; Testing; Transmission; Travel; Treatment/Cure; Variants; Other.

**OTHER SUBTOPICS, OUTSIDE THE ABOVE TOPICS:** Availability of Healthcare; Access to Healthcare; Infectious Diseases; Chronic Diseases; Child Health; Health Professionals; Hygiene; Malnutrition; Maternal Health; Mental Health; Sexual and Reproductive Health; Vaccination Programs; Communicable Disease; Emergency Preparedness.

If we look at only the six most frequent topics, the distribution of risk among the various subtopics can be seen in the chart below.

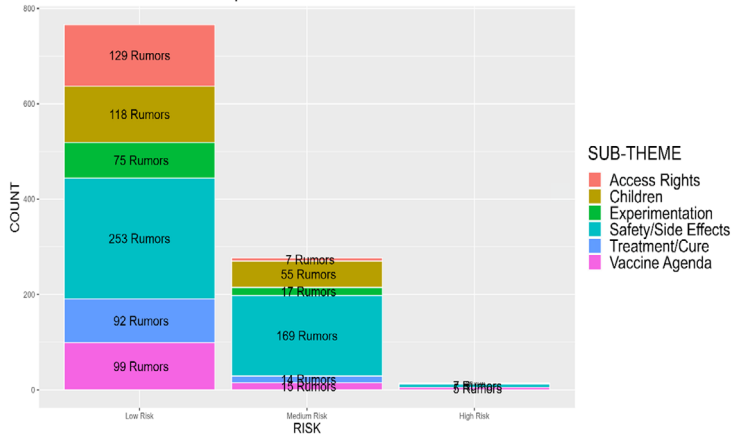
It is clear that most of the rumors are about the vaccine against COVID-19. Therefore, it is important to separate vaccine hesitancy – people who can get vaccinated and would do so in other scenarios, but who have doubts when it comes to vaccination against COVID-19 – from other behaviors such as



Graphic 01:

## RiT 2.0: Concept Note - Brazil

Rumors in each sub-theme per Risk



vaccine refusal (people who refuse all vaccines), conspiracy theories about vaccines (which often do not even accept the existence of a pandemic), indifference toward vaccines (where not getting vaccinated stems from disinterest, rather than specific fears). Each of these behaviors is linked to a different type of trust in government, science, universities, etc. This is what has been called the spectrum of vaccine hesitancy.

Children, Safety and Side Effects from vaccines are the topics that most involve sustained risks over time (primarily rumors considered medium-risk on an ongoing basis, and quantitatively close to low-risk rumors). It is worth noting that the topic of Safety includes more medium-risk than low-risk rumors at certain points – normally low-risk rumors are much more frequent than medium and high-risk ones – and also incorporates several high-risk rumors, suggesting a topic that is capable of mobilizing people and generating discussions in a way that is potentially more harmful than others.

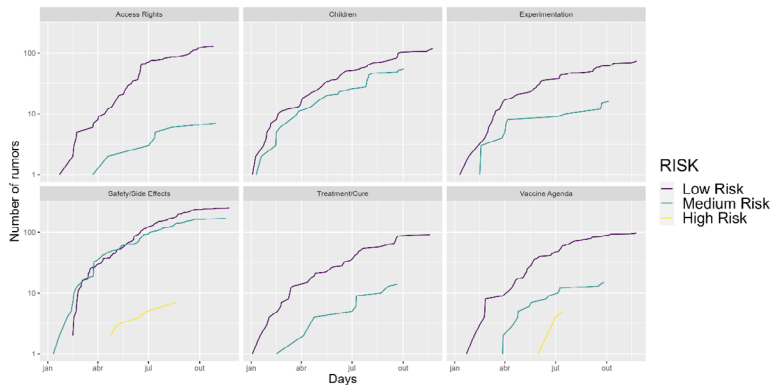
Although the topics were found to continue over time, their main rumors vary considerably. In other words, fears about the safety of the vaccines may be ongoing, but at one moment people may be afraid of having adverse reactions such as thrombosis, and the next moment afraid of contracting AIDS from the vaccine. Looking only at the subtopic in question, this shift does not interfere with the continued significance of the Safety topic.



Graphic 02:

## RiT 2.0: Concept Note - Brazil

### Rumors Timeline

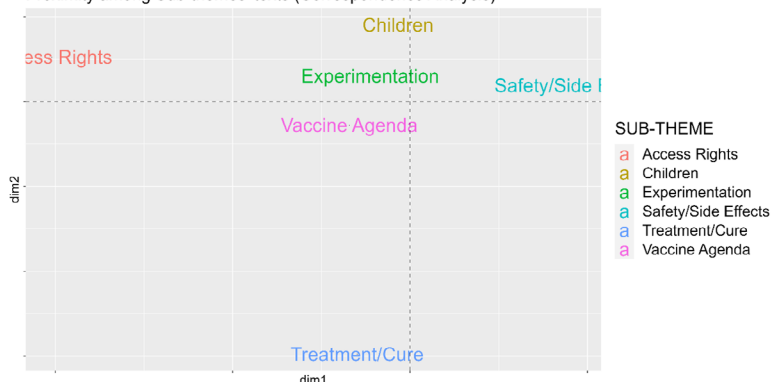


These topics have different degrees of proximity at different times. For example, the fear of vaccines causing harm to Children may be close to fears about Safety and Side Effects, while at another time, fear that Children cannot attend classes because they are not vaccinated will link this topic more closely to discussions on Access Rights. In view of the similarity of the wording of these topics throughout the project, the diagram below illustrates the proximity or distance between the subtopics according to the similarities/differences among the rumors behind them.

Graphic 03:

## RiT 2.0: Concept Note - Brazil

### Proximity among Sub-themes' texts (Correspondence Analysis)





We can see that, ultimately, the topics of Access Rights as well as those of Treatments and Cure sit in positions far away from the other subtopics. The former is linked to the vaccination passport, discussions around legal aspects, individual freedoms and an imagined health authoritarianism, among others. The latter sits second furthest away from discussion about the vaccine as a whole, and involves chloroquine, ivermectin, jambu and alcohol for combating COVID-19, among other treatments. The specificity of the terms used in each one helps us to understand why both are distant from the other four topics. In the same quadrant as Treatment and Cure we have the Vaccine Agenda, with conspiracy theories about the real intentions behind the vaccine and the vaccination campaigns. The belief that there are simple remedies for COVID-19 helps to raise suspicions about the global effort to vaccinate the world's population. Similarly, Access Rights is in the same quadrant as the Experimentation and Children discussions, which also makes sense considering concerns about being forced to vaccinate one's own children or to get vaccinated with a supposedly experimental vaccine. Safety of the vaccines is in a quadrant of its own – a discussion involving fear of adverse reactions, even among people not discussing conspiracy theories, experiments or protecting children. At the same time, the proximity and interchange among the topics Vaccination Plan, Experimentation, Children and Safety of the vaccines is clear. Involving children in rumors seems to make the rumors attract more attention and seem more urgent to people not interested in broader discussions about health, global conspiracies, scientific testing or rights. It is also interesting to note that safety and experimentation discussions can be a bridge between rumors about Children and the Vaccine Agenda. In other words, as different as those latter two subtopics are, both are close to vaccine Safety and Experimentation discussions.

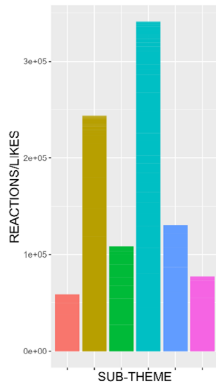
Safety and Children are the subtopics most successful in gaining attention on online social media platforms, particularly Twitter. (Most of the rumors gathered come from local groups on Telegram with no likes or comments, so they are absent from some plots).



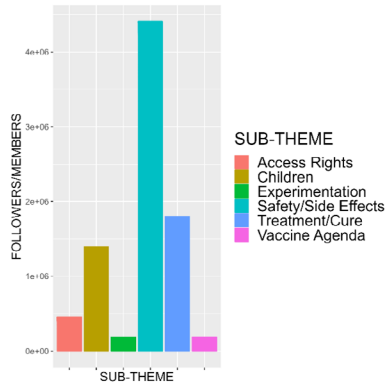
Graphic 04:

### RiT 2.0: Concept Note - Brazil

Reaction/likes in each sub-theme



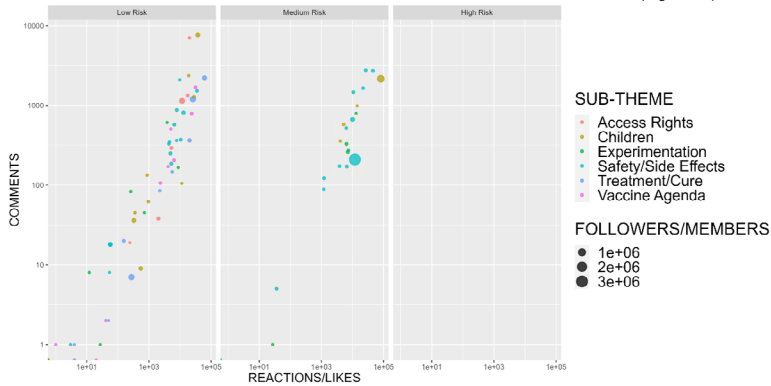
Reach in each sub-theme



Graphic 05:

### RiT 2.0: Concept Note - Brazil

Reaction/likes and comments in relation to sub-themes and followers/members (log scale)

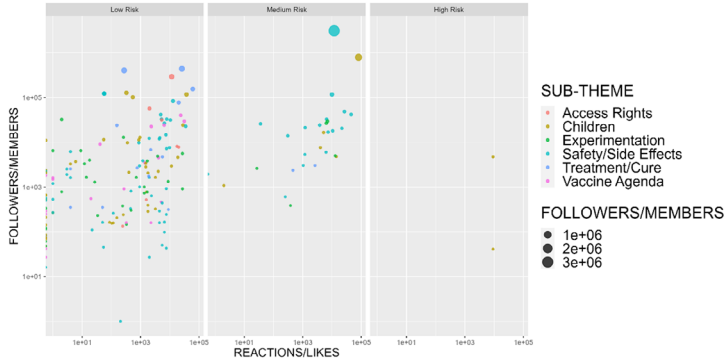


If we cross-reference risk types, reactions, comments and followers/members in each subtopic, there is a clear predominance of rumors about Children and Safety among those carrying medium risk.

Graphic 06:

### RiT 2.0: Concept Note - Brazil

Reaction/likes and reach in relation to sub-themes (log scale)

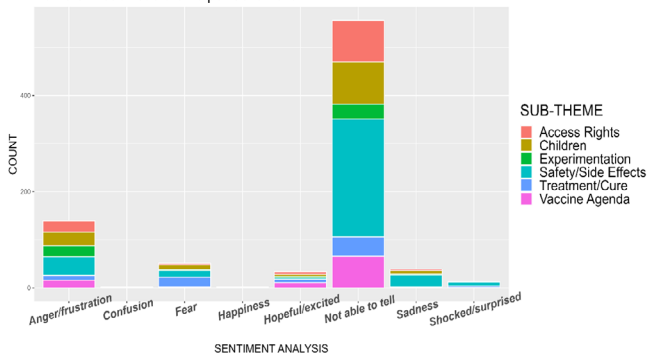


In our qualitative analysis of emotions identified, “anger and frustration” come out on top in terms of quantity of rumors, combined predominantly with rumors involving “Safety and Side Effects” (generally anger at institutions promoting vaccination and the supposed deaths deriving from that practice, as well as frustration at realizing that friends and relatives doubt conspiracy theories). These are followed by rumors involving “fear,” in which the subtopic “Treatment and Cure” predominates (generally fear of adverse effects from COVID-19 and the vaccine, proposing natural remedies or synthetic drugs as a cure), as well as “sadness,” in which rumors also predominate regarding “Safety” (many attributing deaths from stroke or heart attack to vaccination against COVID-19).

Graphic 07:

### RiT 2.0: Concept Note - Brazil

Rumors in each sub-theme per Sentiment





# ANALYSIS AND CONCLUSIONS

In the previous topic we highlighted that, throughout the project, the six main subtopics found in the rumors were Children, Access Rights, Experiment, Safety and Side Effects, Treatment or Cure for COVID-19, and the so-called Vaccine Agenda. These rumors should be explored in detail, connecting them with what was sent by the contacts in the communities, focusing particularly on the discussion of vaccine Safety. Although some of the rumors were collected online (more likely to influence population groups with easier access to online social media platforms) and some offline directly from Indigenous and Quilombola contacts, the phrase “people were afraid to have the vaccine because people in the city were afraid to have it too” (verbal comment during project implementation), signals how these two sources of rumors – influencers focused on cities and communities with which we work – are interconnected at different times.

We can break down the set of rumors into those that introduce ad hoc associations between different elements (related to specific events that are put aside as new events happen), and those that introduce ongoing associations that are revisited at various points over time. Ongoing associations bring us closer to what lies behind the rumors; even if the components change, social, cultural or historical factors cause the ideas behind the rumor to re-emerge, keeping new rumors alive, even if the context and the elements at play change. The idea that the vaccine contains heavy metals, for example, has already been identified as referring to both mercury and graphene; this helps us understand that fear of heavy metal contamination (relatable if we bear in mind the mining in the country's north region) is more important than the metals sporadically mentioned in specific rumors.

## SAFETY AND SIDE EFFECTS

Taking the example of rumors involving vaccine Safety, in the case of ad hoc associations, we have the idea that the vaccine was the origin of the unexplained hepatitis that arrived in the country in June, or that monkeypox is linked to the chimpanzee adenovirus present in the AstraZeneca vaccine. As these two diseases have lost prominence while COVID-19 remains significant, rumors about them have lost ground. The idea behind both was



that the vaccine would be an excuse to spread diseases, either to reduce population size or to later profit through treatments and cures.

These events and associations, whether real or invented, provide substance and urgency to concerns previously regarded as abstract. This is how conspiracy theories or improbable associations take shape as genuine threats that are said to have already affected several victims, and therefore require swift action by whoever hears the rumor.

Among the ongoing associations, we get the idea that the vaccine could cause thrombosis, heart attacks, strokes, paralysis, permanent damage to the immune system, and could entail the loss of healthy relatives, amputations of limbs, and sudden illness. These associations come in different versions, but are retaken up whenever someone known dies of one of these illnesses.

These ideas are echoed in rumors sent by contacts in the communities in which we operated, and in rumors from Telegram and WhatsApp groups that the vaccine causes heart problems. In this scenario, the focus is not on the cause or group directly or indirectly responsible for this side effect (such as ideas around Experimentation or Agendas behind the vaccines), but only on reports from lay people who may have witnessed these reactions. We received various rumors relating to vaccine Safety, involving risk of heart attack, myocarditis, pericarditis or death in elderly people.

These rumors circulate on messaging apps and are often accompanied by home videos in which a person shows a sick relative or a coffin, with the person claiming that the patient was healthy before being vaccinated. Videos can circulate indefinitely, without dialogue within specific contexts or stages of the pandemic. This enables them to survive.

It is important to note that the trusted source sending it would be people who have had that experience and who are not experts in that field. Because of the increase in vaccination, having reached 80% of the population, the majority of people involved in a random incident – be it a car accident, an accident at home, or a rare disease – will also have been vaccinated. Rumors lead these people to come to the wrong conclusion that the vaccine is the cause of any incident related to the health of vaccinated people. These people may make their own videos and feed even more suspicion.

On the other hand, rumors introducing the idea that there is someone with secret objectives that is benefiting from the vaccine's harmful effects are

also found among those shared by partners. Indigenous and Quilombola communities pointed to rumors that vaccines sent to these groups could be altered in order to harm them or that they were being used as guinea pigs, that vaccinated people would die a year after receiving the vaccine, or that it was a population control initiative for these groups.

When we consider rumors that originated directly from Indigenous communities, the uncertainty and the idea that there are safety risks begin at a stage before vaccination. For instance, going to the hospital is perceived as unsafe in itself. Uncertainty and risk involve not just the occasional misgivings about specific vaccines, but a distrust of programs by national institutions intended for these population groups. Rumors that inpatients would have their devices turned off because they were Indigenous – coupled with the possibility of not having their bodies returned for farewell rituals – confirm this. Even in rumors involving risks of adverse effects after vaccination, there are cultural specificities around the idea that the vaccine could carry the risk of being turned into various animals: a crocodile, monkey, turtle, fish or jurupari.

This last example is emblematic and confirms the need to take into account the different contexts we are dealing with. In several Indigenous communities in the north region, this cultural specificity was a factor in vaccine hesitancy, according to our contacts, precisely because, for these communities, it is a plausible possibility. Nevertheless, the idea that the vaccine could turn people into crocodiles became something of a joke in the southeast of the country, and was featured on T-shirts, stuffed animals, icons and in gifs on social media apps online. This takes place primarily in a culture that does not understand this possibility of transfiguration as something plausible.

It is worth noting that we also received the rumor that the current flu vaccine was actually the COVID-19 vaccine, transferring COVID-19 vaccine-related hesitancy to other vaccines.



## **VACCINATION AS AN EXPERIMENT THAT USES PEOPLE AS GUINEA PIGS**

As highlighted earlier, the idea that vaccines are not safe interacts with the idea that citizens are being unwittingly used as guinea pigs. This idea is at the core of a frequent subtopic wherein vaccines are part of a large and risky scientific experiment. The speed of vaccine production, the idea that they contain heavy metals, or that they alter the DNA of people using mRNA, are rumors often circulated. In addition, false information involving an alleged leakage of Pfizer documents that would prove the ongoing experiment and the omission of several serious side effects was shared on Twitter and on Telegram in the localities that we monitored.

There is also the idea that the vaccines spread the HIV virus, later adapted to the rumor that vaccines would cause an AIDS-like immunodeficiency syndrome, even without the HIV virus. Doctors who oppose vaccination against COVID-19 often support the idea that vaccines can cause AIDS, and claim that spike proteins in vaccines that use mRNA cause permanent harm to the immune system. The idea that vaccines could cause AIDS is closer to an ad hoc association, linked to statements by politicians and doctors critical of pandemic health measures in general, and vaccination against COVID-19 in particular. However, the perception that people are becoming ill frequently means that the perceived association between the vaccine and a decline in the immune system is ongoing, even if this goes against the country's statistics on deaths from COVID-19.

An offshoot of this component are the proposals for treatment for those who have already had the vaccine and regretted it – including talks and seminars on the subject. Some rumors analyzed recommended that elderly people who have a fever after being vaccinated ingest barbecue charcoal shavings. This is an example of how this type of rumor can begin to move closer to high-risk rumors. This rumor is a more dangerous version of another one involving “activated charcoal” pills that supposedly get rid of the heavy metals that the COVID-19 vaccine was supposed to have injected into people. This type of rumor evidently goes hand in hand with rumors about vaccine Safety.



## ACCESS RIGHTS AND THE VACCINATION PASSPORT

The discussion around access rights revolves primarily around legislative proposal 1674, which created the national immunization and health security passport (*Passaporte Nacional de Imunização e Segurança Sanitária, PSS*). The idea repeatedly put forward by rumors on this topic is that individual freedoms would be threatened, and that people would need to rise up to confront authorities involved in the implementation of vaccination passports, prevent the election of parliamentarians who accept this proposal, or agents at universities, public offices or courts that require its implementation. At different times, there is the idea that laws would not be followed, and that this would justify violent actions against those responsible for implementing the vaccination passport or requiring masks at universities.

During the electoral period, this narrative intensified, becoming geared toward criticism of a supposed health dictatorship resulting from the alleged loss of rights of unvaccinated people, or of people who fail to comply with the pandemic-related health measures. The allegation that it is a dictatorship is used against the results of democratic elections, which would not need to be respected if they were helping the purpose of the health passport and this supposedly increasingly totalitarian system. There were frequent attacks on the Supreme Electoral Court along these lines, to the point that the Telegram groups analyzed were suspended by a court order in the week of the election. University professors were also the target of this type of rumor, culminating in proposals that the parents of students break into the university to assault professors who had supposedly violated their children's rights by requiring them to wear masks.

In the case of rumors sent by local contacts, the discussion on access rights revolves around other issues, like the rumor that those who were not vaccinated would not be allowed to use federal roads or that those who did not get vaccinated for free would need to pay dearly to be vaccinated later on. Such rumors demonstrate a more immediate dimension of the supposed denial of the rights of unvaccinated people. In fact, the lack of transport infrastructure or of certainty regarding free access to basic health services are genuine deprivations with which the idea that the vaccine could be used as a pretext for denying rights interacts. In this instance, the rumor is more grounded in the everyday reality of individuals whose basic rights may not be being respected.

## CHILDREN

Reactions against the inclusion of the COVID-19 vaccine in the national immunization plan move the discussion regarding Children toward discussions around vaccine Safety, Experiments and Access Rights related to the vaccine passport. There are videos in which children who are ill are supposedly suffering from adverse effects of the vaccine, studies claiming that vaccines would cause breast milk to become toxic, and others stating that one in two vaccinated pregnant women miscarried, in addition to rumors that parents who did not vaccinate their children could lose custody of them, meaning that discussions about children frequently interconnected with other topics.

As explained in the overview on engagement with different subtopics in online social networks, Children is a subtopic that attracts attention and engagement and can be strategically appropriated by actors inclined to spread false information, but is also part of the everyday insecurities of people who fear for their children. In some cases, effects that are commonplace – such as fever after getting the vaccine – are seen as risky by people who are paid by the day and have to take care of their children on their own. Again, the absence of a support network means that risks that would be acceptable for many members of the population are seen as too high by socially and economically vulnerable groups.

The significance of support networks, as explained earlier, not only affects, but is also affected by, belief in false information. Discussions involving Children not only set freedom of choice against obligation, as in the case of mandatory vaccination in order to attend school, but also set “doctors and pediatricians who protect children” against “doctors and pediatricians who would use other people’s children as guinea pigs.” In this relationship of opposition, pediatric and medical associations are attacked as corrupt, susceptible to conflicts of interest and responsible for miscarriage in vaccinated pregnant women, while parents watching the video with this rumor are encouraged to distance themselves from the recommendations that these institutions make. On the one hand, parents see a threat to the support network that enables them to work while their children are in school, knowing that at school they will have access to school meals and related school services. On the other hand, they may withdraw from the very professionals who take care of their children’s health and who ensure care and assistance in making the right decisions during the pandemic. As explained in the discussion on risks, it is not about



not getting vaccinated due to a lack of understanding that there is a risk involved, but rather about choosing one option over several others that – for parents who do not know whom to trust – seem risky in different ways.

This topic also generates anxiety in the communities. Doubts about vaccinating pregnant women, about whether this is recommended or contraindicated, and the possibility that vaccinated pregnant women could lose their baby, are often cited in discussions about vaccines and exemplify this anxiety. These rumors are aligned with those identified online and shared by people outside the communities we worked with. Even health workers sent to the communities appear not to be fully aligned as to whether vaccination is or is not recommended for pregnant women, and under what conditions it may or may not be ideal. In this scenario, any child born to a vaccinated mother who encounters problems may become a trigger for new rumors about the impact of the vaccine on pregnant women. Added to this is the fact that government programs such as Mais Médicos (more doctors) – which guaranteed medical care for population in different regions facing a shortage of doctors for children's medical care – have been discontinued, making children's health an even more problematic topic.

## VACCINE AGENDA

The Vaccine Agenda subtopic involves conspiracy theories about vaccines, the idea that there is a global conspiracy by an elite force that is using the vaccine to insert chips, reduce the world's population, control people using 5G, or simply profit from the disease that they supposedly created. International organizations such as the World Health Organization and magnates such as Bill Gates are among the most frequently cited figures in claims of a supposed New World Order.

Those theories were not encountered among the rumors shared by contacts in the communities in which we operated. However, there are rumors regarding another subtopic that interact with those: the rumors that link the Vaccine Agenda with Religion. Though they are not among the most recurring rumors in our online monitoring, several of them associated the supposed chip in the vaccines with the “number of the beast,” interpreting vaccination as a demonic strategy to mark people, or a prophetic disease somehow associated with the apocalypse.



The rumors sent by Indigenous contacts and by Quilombolas include rumors that: a 666 mark would appear on the neck of people who had the vaccine; people who truly believe in God do not get infected by COVID-19 (and therefore do not need the vaccine); that the vaccine had been sent by the devil; or that people's own Bibles would predict whether that person would be infected. This is one of the cases where there are more similarities between the rumors encountered online and those sent by contacts from the communities. However, this seems to have to do with the evangelical population within the communities, who often mention figures from their churches as the source of the rumors in question.

## **TREATMENT OR CURE FOR COVID-19**

Finally, beyond discussions on vaccines, the debate about drugs that could cure COVID-19 remains prominent. A good portion of the rumors on this topic are low-risk, involving comparisons that presume that teas and herbs effective against flu-like illnesses would also be effective against COVID-19 (which is beyond the scope of our action and priority). We have been careful not to mix traditional knowledge and beliefs, an integral part of communities' efforts to deal with the pandemic locally, done in conjunction with compliance with health measures, with any type of rumor to be analyzed.

However, there are also recommendations of synthetic drugs and products: In addition to the already known false information about the efficacy of ivermectin and chloroquine against COVID-19 (present both in online and offline data), other products such as alcoholic drinks, alcohol gel, kerosene, or kerosene with 90% alcohol, are also found in rumors. This illustrates the potential individual risk for those who believe this type of rumor, given the severity of internal injuries from consuming these substances. But there is also social risk, in view of the problem of alcoholism in different communities and efforts to mitigate or even prohibit consumption of such substances. Since drinking is referred to in a jovial way in informal conversations, this often masks the serious effects this type of rumor can have, for example in Indigenous communities where leaders are striving to curb alcohol consumption while advocating restrictive health measures to tackle COVID-19.



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