

Angels in White Coats or Angels of Death? Rumours and Conspiracy Narratives about Medical Specialists in Bulgaria during the COVID-19 Pandemic

ANGELINA ILIEVA



DOI: <https://doi.org/10.31577/SN.2022.3.28> © Ústav etnológie a sociálnej antropológie SAV, v. v. i.
© 2022, Angelina Ilieva. This is an open access article licensed under the Creative Commons

Angelina Ilieva, Bulgarian Academy of Sciences, Institute of Ethnology and Folklore Studies with Ethnographic Museum, 6, Acad. Georgi Bonchev Str., 1113 Sofia, Bulgaria; e-mail: angelina.ilieva@iefem.bas.bg

The article discusses a thematic group of rumours and conspiracy narratives, propagated mainly through Facebook, according to which the real culprits for the spread of the coronavirus infection and the growing number of deaths in Bulgaria are medical specialists. Since the very beginning of the pandemic, rumours about false COVID-19 diagnoses and particularly about falsified death acts have been intensively circulating on social media. In Facebook groups of COVID sceptics, a conspiracy theory has been constructed by stories, opinions, and ideas of monstrous corruption, fabrications of data, deliberate contaminations during COVID-19 testing procedures, and putting to death through hospital treatment protocols. Following the approval of COVID-19 vaccines and their administration, pre-existing mistrust in medicine and pharmaceuticals has escalated into open hostility and aggression towards medical specialists. The interpretation of these narrative forms unfolds in two directions. On the one hand, the peculiar logic and cultural practice of constructing a “medical conspiracy theory” are discussed. On the other hand, attention is drawn to its broad socio-cultural context and the longstanding problems of the Bulgarian healthcare system.

Key words: COVID-19 pandemic, rumours, conspiracy narratives, medical specialists, Facebook

How to cite: Ilieva, A. (2022). Angels in White Coats or Angels of Death? Rumours and Conspiracy Narratives about Medical Specialists in Bulgaria during the COVID-19 Pandemic. *Slovenský národopis*, 70(2), 328–348. DOI: <https://doi.org/10.31577/SN.2022.3.28>

Introduction. Key terms

Historically, every outbreak of a known or unknown contagious disease is invariably accompanied by a narrative explosion as a response to the disaster that befell the community (Ali, 2020a). As social phenomena, narratives “are created and reworked to make sense of and to deal with uncertain and challenging situations”; therefore, the abundance, intensity, and breadth of their occurrence and distribution usually correspond to the scale of the challenge faced (Ali, 2020b: 310, added italic). The pandemic of the new Coronavirus Disease 2019 (COVID-19), which began in late 2019 in China, quickly took over the world, brought death and suffering to millions, and radically changed the established order and principles of the economy, culture, and politics of most societies. The rapid escalation of confirmed cases and deaths and the social impact of the anti-epidemic measures, such as border closures, travel bans, imposed distancing and (self)isolation, interruptions in the supply of goods and services, caused unprecedented concerns and created a particularly favourable environment for the spread of rumours and conspiracy theories (Ali, 2020a).

On 2 February 2020, the World Health Organization (WHO) warned of “a massive infodemic” accompanying the epidemic: “an over-abundance of information – some accurate and some not – that makes it hard for people to find trustworthy sources and reliable guidance when they need it” (World Health Organization, 2020: 2). WHO defined the infodemic as potentially dangerous *myths* and *rumours* which must be tracked and refuted, primarily through the channels for their most intense dissemination: social media platforms. In institutional and academic reflections on the issue, the infodemic has been perceived as a problem directly related to risks to people’s life and health. Public health experts have expressed concern that “fake news spreads more rapidly on social media than news from reliable sources, damaging the authenticity balance of the news ecosystem” (Tasnim, Hossain, Mazumder, 2020: 171). A global analysis identified three major categories within the COVID-19 infodemic: *a rumour*, or “unverified information that can be found as true, fabricated, or entirely false after verification”; *a stigma*, or “a socially constructed process through which a person with stigma can experience discrimination and devaluation in society”; and *a conspiracy theory*, “defined as explanatory beliefs about an individual or group of people working in secret to reaching malicious goals” (Islam et al., 2020: 1622). The proposed solutions have been in accordance with WHO’s recommendations and focused on tracking, fact-checking, and debunking rumours and conspiracy theories, removing potentially harmful social media content, and providing accessible and reliable information.

Sociologist Jean-Noël Kapferer (1987; 1992) defines rumours as the oldest media in the world. He describes them as informal, improvised news arising from collective discussions of important and ambiguous events. Rumours, he argues, are most often spontaneous social products, devoid of purposeful motives or strategies. Typically, rumours start not from facts but from their perception and interpretation, so they often reflect not objective realities but widespread images, stereotypes, and ideas.

Folklorists study rumours in close interrelation with contemporary (or urban) legends, where a *rumour* is an expression of belief about a specific event, passed along by word of mouth, without secure standards of evidence, and a *legend* is a more elaborate expression or a narrative that circulates in multiple versions, usually told as if it were true or at least plausible (Turner, 1993: 4–5; Fine, Ellis, 2010: 4). On a discourse level, a rumour can develop, authenticate, or be embodied into a legend; conversely, a legend can be simplified, reduced to a statement of belief. Jean-Bruno Renard (1999) sees rumour and legend as two forms, two modalities, or two dimensions of the same phenomenon, and thereby studying “the legendary dimension” of rumours reveals their mythological roots; studying “the rumour dimension” of legends illuminates their diffusion and the metamorphoses of their content.

Scholars perceive rumours and legends as essential constructive elements of conspiracy theories. Gary Alan Fine and Bill Ellis (2010: 53) explain:

Conspiracy theories are not precisely rumours, but they are constructed out of rumours. They rely on what scholars call a cultural grammar – a nexus of belief – combining plausible elements into what has been termed a “totalizing discourse”. [...] Given accepted public knowledge, these beliefs take disorder and make it orderly by fitting the situation into widely held assumptions of human motivation. In other words, conspiracy theories can explain large swaths of an otherwise ambiguous world; they are transcendent explanations, unlocking a closed world with a cleverly forged key.

Rumours and legends conveying conspiracy ideas circulate among community members as part of their shared knowledge of the world (defined by Patricia Turner as *conspiracy lore*; see Turner, 1993: 212–213). Clusters of rumours, legends, and beliefs are often intertwined with other types of stories or bits of information to form global explanatory “scenarios”, which then serve as a context for interpreting facts and events. Bill Ellis calls such scenarios *contemporary mythologies*: “scenarios made up of many beliefs and narratives which are accepted on faith and used then to link and give meaning to stressful events” (Ellis, 2000: 4–5). Researchers also consider conspiracy theories “a folk social science or folk history”, products of collective everyday efforts to make sense of a rapidly changing world (Campion-Vincent, 2017: 103).

During an epidemic, rumours and stories shape public perceptions of the disease and significantly affect collective responses to the crisis (Lee, 2014). Diane Goldstein argues that narratives “both provide compelling insight into cultural concepts of risk and also socially construct and reconstruct those risks, making them powerful disease realities” (Goldstein, 2004: xiii). Folklorists (Lee, 2014; Hiimäe, Kalda, Koiva, Voolaid, 2021) emphasize the *recycling* of epidemic narratives and vernacular reactions to infectious diseases through history, as people use certain sets of narratives to discuss, mitigate, and come to terms with certain sets of concerns. Jon D. Lee (Lee, 2014: 170) points out:

In fact, the nature of the disease itself is almost of secondary consideration when it comes to narrative: regardless of which outbreak is making headlines – whether it's AIDS or SARS or H1N1 – the basic stories are the same. Narratives are recirculated from one outbreak to the next, modified not in their themes but in the specific details necessary to link the narratives to current situations.

Methods & Ethics

In this article, I discuss a thematic group of rumours and conspiracy narratives propagated through Facebook during the COVID-19 pandemic, according to which the real culprits for the growing number of cases and deaths in Bulgaria are medical specialists. The analysis is based on two academic works. First, in order to elaborate on the links between rumours and conspiracy theories, I refer to the work of Jean-Bruno Renard (2017) on *negatory rumours*, which, he argues, deny the reality of established facts and logically lead to a conspiracy theory. Second, to explore the cultural mechanisms of producing a “medical conspiracy theory”, I rely on Mark Fenster’s (2008) understanding of how conspiracy theory operates: as an interpretive practice which “never arrives at a final, determinate answer”; as a narrative which “faces the nearly impossible burden of finding an ending”; and as collaborative, participatory practices, performed by a “conspiracy community” (ibid.: 13–15). My focus is on the conspiracy theory as cultural logic, practice, and a process rather than a result, since it seems more relevant to empirical data.

My primary field of research is Facebook, the largest social media in Bulgaria with 4,3 million users (as of February 2021), according to statistics cited by the Association of European Journalists – Bulgaria¹; however, I also consider its myriad links – both literal and metaphorical – to the broader media ecosystem. I rely on qualitative research methods, such as online/social media ethnography (Hine, 2017) and narrative/discourse analysis. Since January 2020, I have been performing extensive fieldwork in numerous Facebook groups, both public and private, varying in size, thematic focus, and levels of user activity, as well as on public Facebook pages and profiles. Most of the collected discussions, personal stories, screenshots of statuses or comments, and other materials have been organized and submitted to the National Centre for Intangible Cultural Heritage (NCICH) at the Institute of Ethnology and Folklore Studies with Ethnographic Museum at the Bulgarian Academy of Sciences. As per good research ethical practices, I abstain from providing direct links to any studied groups and profiles or disclosing any private or sensitive details about researched Facebook users. In all analysed cases, large numbers of participants were involved; however, I still consider the practical impossibility of obtaining individuals’

1 Handbook by AEJ – Bulgaria, available at: <https://aej-bulgaria.org/wp-content/uploads/2021/04/Пътеводител-за-проверка-на-факти-в-дигитална-среда-2021-допълнен.pdf>. (accessed 1. 8. 2022). In Bulgarian.

informed consent problematic. I have mentioned no names of individuals or groups in this article, even when their profiles are publicly available, and have made all references exclusively to archived materials.

Studying narratives on social media is challenging since the medium defies traditional assumptions of linearity, coherence, and tellership; instead, it requires an interactional approach and understanding of narratives as a form of social practice (Page, 2015). My study is based on research tools, strategies, and notions of mediated narrative analysis as a method recently developed by Ruth Page (2018). It builds on a key trend in discourse analytic approaches to narrative, aiming to position “prototypical” narrative examples within a broader spectrum of storytelling practices (ibid.: 8). It considers the co-tellers and the local and socio-cultural contexts of storytelling and suggests “a flexible approach” to defining a narrative (ibid.: 10). It focuses on “shared stories” characterized by shared narration, intertextual references connecting shared texts, distributed linearity, and an assumption of commonly held beliefs (ibid.: 18). Building on that method, I define *conspiracy narratives* as complex, open-ended narrative forms expressing conspiracy ideas and motifs, collaboratively created by multiple tellers within conversational contexts.

My work relies on long-term ethnographic observations and data collection based on topics, so I organize my analysis chronologically as well as thematically. I use the metaphor of *narrative waves* carrying conspiracy ideas about medical specialists throughout the Bulgarian media ecosystem. The narrative waves did not concur with the pandemic’s development over time; instead, they followed significant shifts in the public perceptions of the crisis, on which I elaborate in the course of my argumentation. Like the coronavirus itself, conspiracy ideas could also be discussed in terms of variants and prevalence, although new ideas never fully oust the old ones and even tend to co-exist in discursive heteroglossia.

First Wave. Cheating Doctors

The COVID-19 infodemic reached the Bulgarian media ecosystem in the early months of 2020. In Facebook groups, thematically focused on mysteries, UFOs, disasters, and impending global cataclysms, users’ attention was logically drawn to the outbreak of an unknown communicable disease in China. As early as January 2020, groups shared and discussed a variety of speculative scenarios about the epidemic, either as comments on materials from sensational media (at that time exclusively foreign) or as co-constructed explanatory theories of their members.

Three essential features of both the text and context of these theories should be noted. First, they tend to be logically inconsistent, textually incoherent, and prolific in conspiracy motifs. For example, in one discussion held on 24 January 2020 in a private Facebook group, commenters expressed beliefs about the artificial origin of the coronavirus (“genetically modified virus”); about its special purpose of attacking members of a particular ethnic group (“a virus killing only Asians, especially the

Chinese”); about the epidemic having been deliberately caused to reduce the world’s population; about the spread of the virus through aircraft’s “chemtrails”; about the epidemic being part of the control exercised over humanity by “the Jewish Sanhedrin”, “the Illuminati”, and “the Reptilians”.² Second, discussions took place in relatively small, closed Facebook groups, expressing views and ideas that could be considered marginal at that time. Those groups displayed a strong interest in conspiracy theories and could be seen as a specific subculture whose members enthusiastically engaged in speculations and sought to fit the mysterious new disease into favourite conspiracy scenarios. Third, theories that somehow touched upon actual collective memories or fears tended to be perceived as more plausible, e.g. a theory explaining the epidemic outbreak as “the first biological Chernobyl”, where genetically modified bacteria of pneumonic plague were released from a laboratory, but the media and experts were hiding the truth about the disaster and its casualties.³

The media played a crucial role in spreading rumours and conspiracy theories during that period, both as a means and as agency. Conspiracy websites and sensational media should be considered the super-spreaders, but traditional media and reputable news outlets also contributed by publishing numerous reports and analyses on the most common “false claims” and “fake news” to expose and debunk them. For example, Bulgarian television bTV, self-defined as the “most trusted source of information” in Bulgaria⁴, reported on “the epidemic of fake news” and discussed several conspiracy theories on 4 February.⁵ Professional journalists engaged with the infodemic as advised by WHO experts; however, refutations of conspiracy theories are ambivalent in function. They present facts against fake news, but the analysis adds logical coherence to inherently contradictory narratives. They disprove them but – intentionally or not – simultaneously promote them. Through refutation analyses, globally circulating conspiracy ideas about COVID-19 (see Bodner, Welch, Brodie, Muldoon, Leech, Marshall, 2021; Meder, 2021: 145–146) found their way into Bulgarian mainstream media, e.g. the Chinese are to blame for the virus because they eat bats; the CIA set up the epidemic to wage economic war against China; coronavirus creation is part of a biological weapons program; Bill Gates deliberately caused the epidemic; the 5G technology network provokes the infection.⁶ On social media, many earnestly committed themselves to fact-checking, arguing against, and debunking coronavirus-related myths and rumours; many others preferred mocking or creating

2 NCICH archive, AIF I 603, pp. 4–8.

3 NCICH archive, AIF I 623: 2020-01-25; AIF I 603, pp. 8–12.

4 See <https://www.btv.bg/english/> (accessed 1. 8. 2022).

5 In Bulgarian: <https://btvnovinite.bg/lifestyle/liubopitno/sazdaden-ot-bil-gejts-ili-tajno-bio-orazhie-chast-ot-falshivite-novini-za-koronavirusa.html> (accessed 1. 8. 2022).

6 See “Bill Gates created the coronavirus, and 5 other false claims about the epidemic” by Vanya Mileva, published on 10 February 2020 on Nauka OffNews (https://nauka.offnews.bg/news/Novini_1/Bil-Gates-e-created-coronavirus-and-oshte-5-falshivi-tvardeniia-za-epide_144419.html) and “Created by the CIA, strengthened with 5G and treated with vitamin C. Fake news about the coronavirus” by Nikolay Lavchiev, published on 26 February 2020 on Svobodna Evropa (<https://www.svobodnaevropa.bg/a/30455928.html>) In Bulgarian (accessed 1. 8. 2022).

parody conspiracy theories that went viral, too.⁷ Some even started collecting “coronavirus theories”.⁸

Researchers have observed that rumours, urban legends, and fake news are circulated more often in a critical or sceptical context (Kapferer, 1990; Ellis, 2018), and their content affects public perceptions and reactions even when not believed to be true (Kapferer, 1987). Hence, the effects of the COVID infodemic should be analysed not only in terms of veracity but also in terms of participation. Assessing the broader context of conspiracy theories as *social practice* is essential to ascertaining the overall attitudes in a given society towards realities and fiction, towards facts and speculations. Through the joint efforts of conspiracy enthusiasts, clickbait websites, professional journalists, fact-checkers, jokers, and mockers, conspiracy theories about COVID-19 took over the public imagination and became a popular *participatory activity*. Large parts of Bulgarian society engaged with conspiracy thinking in a somewhat playful, light-hearted manner, with the genuine enthusiasm of a newly discovered hobby, and without actual epidemic-related concerns.

Once accustomed to the participatory engagement with conspiracy ideas and scenarios, the Bulgarian public imagination was no longer inclined to accept the facts and events just as they were presented. The first four cases of COVID-19 in Bulgaria were confirmed on 8 March.⁹ A rumour followed that the government announced them only to take advantage of the \$50 billion provided by the International Monetary Fund (IMF) to help countries affected by the epidemic.¹⁰ The first coronavirus-related death was confirmed three days later, and on the same day, it was disputed by a person presenting herself as a relative of the deceased woman, claiming in a widely shared Facebook comment that the death “has nothing to do with the coronavirus” but was caused by a long-time heart disease.¹¹ On 13 March, despite the small number of confirmed cases – only 23 at the time, the Bulgarian Parliament unanimously voted to declare a state of emergency, which remained in force for two months. The decision fuelled the already circulating claims that “the panic has been pulled out of their back pocket” because the virus seemed to be “the least dangerous winter virus in human history”.¹²

Jean-Bruno Renard (2017) describes negatory rumours and ideas as logically proceeding to conspiracy theories. A negatory rumour is typically coupled with an assertive rumour, replacing the denied reality with a new reality, the proofs of which

7 NCICH archive, FtAIF 1869: 157, 163; AIF I 623: 2020-03-16.

8 NCICH archive, AIF I 623: 2020-03-23.

9 Statistics in this article are derived from the coronavirus pandemic country profile of Bulgaria, available on Our World in Data: <https://ourworldindata.org/coronavirus/country/bulgaria> (accessed 1. 8. 2022).

10 NCICH archive, FtAIF 1869: 161. The help was announced by the IMF Managing Director on 4 March 2020: <https://www.imf.org/en/News/Articles/2020/03/04/sp030420-imf-makes-available-50-billion-to-help-address-coronavirus> (accessed 1. 8. 2022).

11 NCICH archive, FtAIF 1869: 166.

12 Personal archive. Discussion collected on 12 March 2020.

are presumably suppressed or hidden, and that naturally leads to denunciation of a conspiracy (ibid.: 224–225). The claims that the coronavirus was not dangerous logically led to the claims that it could not kill people; the rumours that the reported deaths were not due to coronavirus infection led to rumours of falsified statistics. Conspiracy ideas about manipulated statistics first appeared in mid-March, and they involved Italian hospitals. The peculiar logic of these ideas attributed one of the most severe problems of the Bulgarian healthcare system to the Italian one: the so-called “siphoning off the National Health Insurance Fund”.¹³ Italian hospitals, the theory claimed, must have had financial incentives to move fatalities from other diseases to the coronavirus statistics.¹⁴

At the beginning of April, the conspiracy ideas of falsified hospitals’ statistics started to crystallize into more stable forms of legendry or narrative examples (Fine, Ellis, 2010: 4). Two of them deserve to be mentioned as particularly influential. First, a status discussing “the strangest virus” was shared in dozens of Facebook groups and profiles. The text had no authorship ascribed and circulated as copy-paste with minor variations.¹⁵ It compiled several speculations about the coronavirus, some of them explicitly named “rumours”, some, tautological or mutually contradictory. Among other assertions, the text claimed that the virus “doesn’t kill people at their homes but only in hospitals”, “it kills thousands a day, but there’re no corpses”, “the pictures and videos from hospital wards are fake”, “in hospitals, every death gets attributed to the virus”, “no people died at home”, “there’re thousands of videos of empty hospitals all over the world”, “none of the patients isolated in hospitals write or release videos”. The text was fiercely disputed but often led to the question: “Do you know anyone who is sick or has died of COVID-19?”, which most frequently received a negative answer. The second narrative example was a story¹⁶ about a falsified death certificate, told through the classic formula “it happened to a friend-of-a-friend”, e.g. “the neighbour told us about a friend of her son”; “my sister told me about her friend”; “it happened to my daughter-in-law’s grandmother”; etc. The story reports on relatives of a person who just died of trauma, old age, or chronic illness being bribed in the hospital, so as to register the cause of death as COVID-19 instead of the actual diagnosis. The amount most often mentioned was “1,800 levs”, with minor variations, e.g. “2,000 levs to bury him” or “1,800 levs and they will cover the funeral expenses”. The sensational media picked up the story and furthered its ubiquity as the most persistent COVID-related Bulgarian legend.

13 The malpractice of manipulating or falsifying patients’ diagnoses to siphon money from the National Health Insurance Fund is perceived to be a common and long-standing problem in Bulgaria. Reports on “doctors’ scams” could be easily found in the media, e.g. <https://www.novinite.com/articles/123139/Bulgarian+Doctors+Busted+for+Draining+Health+Insurance+Fund> (accessed 1. 8. 2022).

14 NCICH archive, AIF I 623: 2020-03-22.

15 The status circulated between 7 April and 9 May. I recorded three versions and the following discussions: AIF I 603: pp. 29-40; AIF I 623: 2020-04-07; 2020-04-08.

16 NCICH archive, FtAIF 1869: 180–185.

The first months of the COVID-19 pandemic were formative for public perception and narrative assimilation of the crisis. Bulgarian society went through the spring of 2020 with a relatively small number of confirmed cases but with strict preventive and protective measures in place. After the introduction of the measures, a significant part of people's daily lives migrated to social media platforms, where speculations about the pandemic's aetiology and purpose were the "hot topic". Outside the specific cultural and digital spaces of conspiracy subculture, the global conspiracy scenarios were fragmented, nuanced, and involved in endless disputes. The most popular but somewhat abstract theories about the Reptilians, the New World Order, or Bill Gates's plans to microchip everyone were partially displaced by more plausible, local, stereotypical ideas of corruption and "siphoning of funds", fabrication of data or falsification of diagnoses. The frequently asked question "Are you or do you know anyone who is sick?"¹⁷ became a proverbial expression of a widespread COVID scepticism. A comprehensive notion of "a coronavirus fraud" logically presupposes the active involvement of medical professionals.

A particular discussion in a large Facebook group (with over 215 thousand members) could illustrate the conspiracy narrative's formation and negotiation.¹⁸ It was initiated on 15th April with a story published by a group member who lived in London. It was about doctors, ambulance crews, and other frontline workers not wearing masks or gloves. The story ended with the question: "Is there really a pandemic, or is it something else entirely?" The post was an explicit invitation to speculations, and the most popular conspiracy theories about COVID-19 were articulated in response. The pandemic denialism was expressed to a greater extent through the discursive figures of empty hospitals, lacking patients or corpses, and attributing every natural death to the coronavirus infection. The logic of the narrative's unfolding emphatically rejected the "TV realities", the "manipulated images", the "official statistics", and insisted on personal impressions and accounts. However, not all personal accounts were accepted as equally valid. One user wrote that a girlfriend, who was due to give birth, had difficulty getting to the hospital; another user replied: "They send people away on purpose, but [hospitals] are empty! I've seen it myself! They stay empty and don't accept anyone!" (p. 97). An account of a user about her close relative who recently died of COVID-19 was challenged with a detailed interrogation and various expressed doubts (pp. 109–113). A narrative about congested hospitals and thousands deceased in Spain was confronted with a counter-narrative of empty hospitals in Switzerland and the suspicion: "Have you seen those thousands [deceased] personally? Or you are probably watching TV?" (pp. 129–130). Throughout the discussion, different users published screenshots of six variants of the "1,800 levs" legend as evidence in favour of the prevailing notion of "a fake pandemic due to a fake virus".

17 Some large Facebook groups even polled the question. AIF I 603: pp. 40–64.

18 NCICH archive, AIF I 603: pp. 77–149.

Second Wave. Malicious Doctors

The second narrative wave was shaped by alterations in the socio-cultural context and the media representation of the pandemic, which affected the public perception of the crisis. The most obvious shift occurred in the political situation with the anti-government protests that broke out in early July and the subsequent “institutional war” that involved the president, the prime minister, and the chief prosecutor of Bulgaria.¹⁹ The communication model chosen by the Bulgarian government to announce and discuss COVID-19 related information also changed distinctly. In the spring of 2020, the official information about the pandemic development was usually communicated by the chairman of the National Operational Headquarters for Combating the COVID-19 Pandemic in Bulgaria, General Ventsislav Mutafchiyski, during daily media briefings. Placed in the spotlight of media attention, Mutafchiyski gained immense popularity and inspired a remarkably productive participatory culture (see Ilieva, 2021). As a fictional character, he appeared in numerous (predominantly *humorous*) forms of vernacular creativity, such as memes, jokes, and parodies. In the summer, Mutafchiyski almost entirely disappeared from the media and did not return for the autumn briefings.

The overall modality of the narrative response to the crisis changed as well. A decrease in “corona humour” after the easing of pandemic measures, in contrast to rumours and legends “that linger on much longer and more aggressively”, was observed not only on Bulgarian social media (see Meder, 2021: 151). In his research on humour as an integral part of contemporary rumour and legend dynamics, Bill Ellis (2017) describes humorous tales and parodies (which he calls “antilegends”) as narrative “antibodies”, arising from the same folk process that generates serious rumours and legends (ibid.: 124). However, “the legend and antilegend must inhabit the same narrative context [...]. If the two circulated in discrete networks, the antilegend would not emerge with the same impact, since its initial popularity relies on prior shared knowledge of legend motifs and narrative structures taken seriously” (ibid.: 136). The most important transition that occurred during the summer of 2020 was the decline of the light-hearted or ironic engagement with conspiracy thinking due to the digital separation of COVID sceptics and the formation of a particular social identity.

The pandemic reality in the autumn of 2020 differed dramatically from the spring. The number of confirmed cases increased to several thousand new infections and dozens of confirmed deaths per day, and the established COVID scepticism was in sharp dissonance with the announced facts. Exhausted by the endless disputes in various Facebook groups, pandemic sceptics started creating and maintaining their own digital spaces. Here, the Facebook administration’s policies and practices played an ambivalent role. Deletion of groups for violations of “community standards” or

¹⁹ For details about the protest movement’s causes and development see: https://en.wikipedia.org/wiki/2020–2021_Bulgarian_protests (accessed 1. 8. 2022).

distribution of problematic content was not systematically performed; occasionally, it only inconvenienced members of the deleted groups, who re-created them immediately. As these were rather spontaneous, uncoordinated actions, they sometimes led to the creation of more than one new group with an intersecting membership, so the most active users could share the same content in several Facebook groups at the same time. More importantly, the deletion reinforced COVID sceptics' beliefs that there was a conspiracy and that they were being persecuted for knowing and spreading the truth. Initially united through heated disputes with "blind and naive believers in television realities" and further consolidated by the perceived persecutions, the groups dedicated to the denunciation of the "COVID-19 fraud" constituted a *conspiracy community* (as per Fenster, 2008: 159–163).

On a discursive level, a major transition ensued from the new (con)textual accordance between the personal accounts and the official reports. Individual testimonies of suffering became common, and the complete denial of illness and death was no longer convincing. The interpretive work performed by the COVID sceptics' community during several discussions in November split in two different directions of speculative thinking. The first still complied with the accepted narrative frame of falsified statistics. According to it, tests were randomly pre-divided into "positive" and "negative", so as to make the number of confirmed cases depend on how many people would be silly enough to go through testing procedures. The theory was supported by the spreading rumours about unperformed but positive tests that soon proceeded to narrative examples. One version of the story described a doctor who sent three brand-new unutilized tests to a laboratory, and all three were confirmed as COVID positive.²⁰ Another version claimed that a person (or several people) registered for a testing procedure but later changed their mind, and on the following day the Regional Health Inspectorate called them to tell them they were COVID positive.²¹ The story also appeared as a joke: "I got tested for the coronavirus. They called me yesterday to tell me I was dead."²²

The other direction of speculative thinking aimed to renegotiate the established narrative frame into darker conspiracy notions. According to it, contaminations with a "nasty variant of the virus" were deliberately carried out through the testing procedures.²³ The speculation was accepted as somewhat plausible and supported by personal observations about "such a pattern" and "acquaintances who develop severe symptoms five days after the test".²⁴ The purposeful infections were needed "to make people scared and stressed, and when Bill Gates's vaccine comes, everybody will run for it".²⁵ Sometimes speculations extended the infections' motivation to a notion of targeted killings with horrible intents:

20 NCICH archive, AIF I 604: pp. 61, 84.

21 NCICH archive, AIF I 604: pp. 70, 83, 90.

22 NCICH archive, FtAIF 1869: 110.

23 NCICH archive, AIF I 604: pp. 56, 76, 79, 87.

24 NCICH archive, AIF I 604: pp. 57, 61–62, 77.

25 NCICH archive, AIF I 604: p. 83.

It seems to me that if you go to the hospital to be treated, you never come out alive. And they write that the cause of death was COVID-19. I don't believe they're healing us. They don't provide adequate treatment. Whatever they're ordered to treat us with, they use it. They finally burst [patients'] lungs with respirators, and that's it. [...]

I have the same feeling too. People enter the hospital healthy or with some minor symptoms and get infected in the hospital with something. And they die from it and get registered as dead from COVID.

[...]

They must be stealing people's organs for those crazy billionaires who have ordered all this mess...²⁶

The ideas of deliberate contamination, harmful treatments, and organ thefts were by no means new. In early March, a rumour circulated about a sick person who escaped from the hospital isolation to spit on and smear locks, railings, public transport handles, and supermarket goods.²⁷ In July, conspiracy websites spread speculations about lethal resuscitation in Italian hospitals.²⁸ Since the pandemic's beginning, the closed coffin funerals troubled the public imagination and provoked speculations about possible organ thefts and trafficking.²⁹ These assumptions represent widespread, recurring conspiracy motifs. Véronique Campion-Vincent (2017: 109) mentions that epidemics back in pre-revolutionary France regularly raised rumours of “voluntary spreaders of the illness, poisoners of fountains, greasers of doorknobs, perverse doctors, nurses or grave diggers, killing vaccines”. Narrative accounts of alleged child organ trafficking have been prevalent in Bulgaria for decades, and the country was reported as introducing a rumour-inspired preventive requirement for child adoption in the 1990s (Leventhal, 1994).

The emergence of specific motifs in the co-constructed conspiracy narrative should be examined not simply as evidence of recycled disease narratives but also in terms of their social meaning and function. Their assimilation in beliefs and the discursive figures of hospital staff clearly indicates unresolved tensions in the public perception of the Bulgarian healthcare system. Narratives on contamination often function as a means for stigmatising outsiders (Kitta, 2019), and in the context of the analysed discussions, they signify a distinct Othering of medical professionals. Organ theft narratives express a deeply felt distrust and critique of the medical establishment (Campion-Vincent, 2002), and as seen in the comments above, often articulate issues of social difference and justice. The conspiracy narrative was not at odds with the broader narrative assimilation of the pandemic crisis in the last months of 2020; it

²⁶ NCICH archive, AIF I 604: pp. 66; 119; 120.

²⁷ Personal archive (collected 12. 3. 2020).

²⁸ See e.g. <https://thebulgariantimes.com/Болни-в-реанимация-са-били-убити-ит/> The title translates as “Patients in resuscitation have been killed – Italian doctors protest” (accessed 1. 8. 2022).

²⁹ NCICH archive, AIF I 623: 2020-12-14.

rather qualifies as its *extreme*. In a situation of dramatically increased morbidity and mortality, “personal, authentic stories about the hospital COVID-19 hell”, depicting hospitals as “prisons” and portraying rude, unresponsive, inhumane doctors and nurses who murder their patients with inadequate or untimely treatment, solely for profit or to “siphon the health insurance fund”, were not uncommon.³⁰

Third Wave. Doctors: from “Victims” to “Monsters”

Since the pandemic began, conspiracy websites, blogs and sensational media have been regularly translating vaccination conspiracy theories into Bulgarian and spreading them. The most popular scenarios were recycled versions of past epidemic narratives, e.g. the claims that “the vaccines are little more than a vehicle for the injection of microchips [...] intended to track and help control the population” or concerns about the rapidity with which the vaccines became available and their potentially dangerous, “untested” ingredients (Lee, 2014: 141–154).³¹ Others echoed widespread vaccine hesitancy motivations, such as “religious or philosophical objections, fear of government control in areas of personal choice, concern about safety and/or efficacy, beliefs that vaccine-preventable diseases do not pose a serious health risk, certainty that alternative treatments are superior, concerns that vaccines are promoted for the sake of financial gain, and belief that vaccines are not ‘natural’” (Kitta, 2012: 2). It is worth noting that specific conspiracy ideas about the virus aetiology, e.g. the notion of the New World Order and its attempts to reduce the global population or the presumed targeted elimination of particular social groups, reappeared as vaccine-related speculations.³²

Vaccine-hesitant people’s attitude towards medical specialists has been problematic even before the COVID-19 pandemic. Vaccine-critical parents tend to perceive doctors as “dumb and blind believers in vaccines”, corrupted by Big Pharma and its hidden agendas, acting as treacherous agents, and not taking any responsibility for potential vaccination risks (Uibu, 2021: 222–227). It would be logical to expect that such notions and attitudes will expand, intensify, and escalate after the approval of COVID-19 vaccines and especially after the start of their administration. However, the vaccination strategy of identifying priority groups, adopted by the EU governments, placed medical professionals in the ambivalent position of being the first suspected victims of COVID vaccines. In the early months of 2021, the COVID sceptics’ community was particularly sensitive to any information about the physical condition and especially about any sudden deaths of medical professionals. Tragic cases of deceased doctors were

30 NCICH archive, AIF I 623: 2020-11-24.

31 I have recorded the “microchips in vaccines” conspiracy motif in several swine flu related discussions from 2009 in Bulgarian online forums.

32 NCICH archive, AIF I 616: 2021-04-23b, p. 6. Occasionally, the migration of speculative ideas caused disagreements among Facebook group members. I recorded an argument whether “the laboratory-created” coronavirus contains parts of HIV, or HIV is actually included in COVID vaccines (AIF I 613: 2021-04-27).

multiplied by repeated sharing of information in various Facebook groups, from various news sources, or simply by retelling them in various statuses and comments.³³ The lack of explicit statement about the cause of death in the news was always interpreted as indicating that the person had died from a COVID vaccine. Commenters often expressed great sympathy for doctors and nurses for being coerced or pressured “from above” to get vaccinated, and went as far as to discuss suggestions for prosecuting the alleged “inducement to suicide”.³⁴ A separate conspiracy narrative started to form about medical specialists as the primary targeted victims of “a vile plot” or “a damnable scheme”, where the ambiguous, ubiquitous “they” aim to leave people “without any doctors and medical care, without educated thinking people”, so doctors and teachers “must be exterminated first in order to strike the nation”.³⁵

Speculations about COVID vaccines and vaccination dominated conspiracy narratives in 2021; however, the main ideas and motifs of the previous narrative waves remained in circulation without any noticeable collisions. In March, sensational media spread a rumour-born story of a lab assistant from a private medical laboratory who had been threatened with dismissal unless agreeing to register 80% of the tests done as COVID positive.³⁶ Rumours about empty hospitals, ambulances rushing around in vain, and vacant COVID wards persisted and even inspired suggestions for organized groups of community members to invade the largest hospitals and reveal the truth.³⁷ Notions of horrific handling of patients in “hospital prisons”, lethal treatment protocols, and doctors as “paid assassins” formed a stable narrative frame for interpreting COVID mortality. Attempts to challenge any of its elements were met with marked hostility.³⁸ The COVID sceptics’ community was determined to defend the already accepted viewpoints and patterns of reality interpretations and even to ostracize disputing members as “trolls”.

Bulgaria’s vaccination rates were remarkably low in the first months of 2021, which the then government attributed to “the unfair distribution of coronavirus vaccines” within the European Union.³⁹ In mid-May, the new caretaker government, appointed by President Rumen Radev to “bring order to the chaos of vaccinations” among its tasks⁴⁰, initiated a pro-vaccination campaign.⁴¹ At that time, the two narrative streams began to

33 NCICH archive, AIF I 615: 2021-03-12a, 2021-03-12b, and 2021-03-12c. The cited discussions are about the death of one and the same person.

34 NCICH archive, AIF I 616: 2021-04-12b.

35 NCICH archive, AIF I 616: 2021-04-12e; also, AIF I 617: 2021-05-13d, p. 8.

36 NCICH archive, AIF I 614: 2021-03-19c.

37 NCICH archive, AIF I 615: 2021-03-26b.

38 NCICH archive, AIF I 616: 2021-04-26.

39 See <https://www.euractiv.com/section/health-consumers/news/six-eu-states-demand-vaccine-correction-mechanism/> (accessed 1. 8. 2022).

40 See <https://www.rferl.org/a/bulgaria-yanev-caretaker-prime-minister-fair-snap-elections-radev/31251576.html> (accessed 1. 8. 2022).

41 For more details about the “vaccination chaos” in Bulgaria see the analysis of Boryana Dzhambazova in *Politico*: <https://www.politico.eu/article/why-bulgaria-is-lagging-behind-rest-of-eu-in-corona-virus-vaccinations/> (accessed 1. 8. 2022).

merge. On the same day when the new Minister of Health made his first appeal to Bulgarian citizens to get vaccinated⁴², a Facebook group of COVID sceptics discussed the possibility of assigning criminal liability to doctors for every COVID death.⁴³ Along with speculations about young people being hospitalised with a fake positive test and purposefully killed for reasons of “organ trafficking”, proposals were made that doctors who administer vaccines “only to get the cash” should be held liable for any damage they cause. In early June, a staggering political scandal crucially influenced these beliefs, elevating them to the rank of officially recognised truth. In line with the “war against corruption” declared by the caretaker government, the Minister of Health dismissed the management of a leading Bulgarian hospital, known as Hospital for the Government, over revelations about illegal organ transplants and financial abuses.⁴⁴ The scandal was reported even by the Bulgarian National Television under the themes of “organ trafficking scheme” and “siphoning off the health insurance fund”.⁴⁵

During the summer of 2021, rumours of ailing persons or deaths after vaccination were so widespread and abundant that a joke arose: if all claims about vaccine victims were valid, there should have been millions of people vaccinated in Bulgaria. The reality was far from it. Bulgarians living abroad played a unique role in the paradoxical discrepancy between vaccination rates and the amount of spreading rumours about vaccine victims. In Facebook groups of COVID sceptics, members from countries with much higher vaccination rates, such as Spain⁴⁶, offered personal accounts or assertions about “many vaccination casualties”, which were easily trusted. The typical response to such allegations was suggesting that doctors be brought to court for “lying to their patients” and “experimenting on citizens’ health”.⁴⁷ Verbal aggression against medical professionals, especially those contributing to the pro-vaccination campaign on the Ministry of Health’s Facebook page, became distinctly ferocious. Doctors were often condemned as members of the “corrupted white mafia”, who “trade our health and lives for money”.⁴⁸

The hostility of COVID sceptics against medical specialists escalated into sporadic political actions. In August, an “appeal to Bulgarian medical workers” was published on Facebook under the motto “Do not commit crimes against the people!”⁴⁹ In September, “a group of anti-vaxxers attacked the medical team at a mobile vaccination station in Varna”.⁵⁰ Community members organised massive verbal

42 In Bulgarian: <https://www.mh.government.bg/bg/novini/aktualno/ministr-na-zdraveopazvaneto-d-r-stojcho-kacarov-s/> (accessed 1. 8. 2022).

43 NCICH archive, AIF I 617: 2021-05-17a.

44 See <https://www.intellinews.com/illegal-organ-transplant-scandal-revealed-at-bulgarian-vip-hospital-212264/> (accessed 1. 8. 2022).

45 In Bulgarian: <https://bntnews.bg/news/shemata-za-nezakonni-transplantacii-v-bolnica-lozenec-e-deistvala-2-godini-1158108news.html> (accessed 1. 8. 2022).

46 NCICH archive, AIF I 618: 2021-07-30b.

47 NCICH archive, AIF I 618: 2021-07-30c.

48 NCICH archive, AIF I 627: 2021-05-27, p. 10, p. 19, p. 23.

49 NCICH archive, AIF I 619: 2021-08-05.

50 Quote from the official statement on “the illegal actions of anti-vaxxers”, published on the website of

harassment⁵¹ on the Facebook page of – as they named it – the Ministry of Propaganda. The discourses on any aspect of the vaccination process abounded in striking rhetorical figures, such as “corrupted souls”, “devils in white coats”, “mass murderers”, “angels of death”, “accomplices in the genocide of the Bulgarian people”. A vivid conception was forming about the forthcoming “new Nuremberg trials”, where the excuse “we were just following orders” would not be accepted.

The third wave of conspiracy narratives about medical specialists was defined mainly by shifting its focal point from *COVID scepticism* to *vaccine criticism*. It is also essential to consider its political context and the utilisation of its tropes for political agendas. In 2021, Bulgarians went through parliamentary elections three times, and some political actors leveraged various COVID conspiracy narratives to gain popularity among voters.⁵² The months-long pre-election criticism of the status quo, adopted by virtually all opposition parties, further subverted trust in institutions.

In late September, the unexpected death of a young pop-folk singer caused a vast media scandal, after his fiancée accused doctors of deliberately killing him with the treatment, specifically by forcing him to use an oxygen mask.⁵³ On the same day, when the Prosecutor’s Office issued a self-referral and initiated an investigation of the case⁵⁴, another compelling story started circulating in Facebook groups and public profiles. The text somewhat conflated the tragedy with a peculiar mixture of rumours and conspiracy ideas, compounded in a second-person narration:

You go into the hospital with the flu, scared by the media lies. There they give you a fake test and say it’s COVID. They offer you an oxygen mask. In addition to oxygen, there’re also “extras” in it After a while, you’re out of breath and faint. They put you in a medically induced coma. They push a tube down your trachea and put in 100% oxygen! The clock is counting down your last days. [...] Everyone benefits from you – from the hospital’s director to the orderlies. And the oxygen burns inside you, burns your organs. Your lungs are already torn apart by the pressure and their capacity is at a minimum. Kidneys, heart, brain are about to fail Relatives and friends call worried. “The condition is stable. The body is fighting”, says the doctor on duty every day Yes, you are fighting against your murder – sedated, tied, with a hose in your dry throat, tongue sticking out, like a dog in heat [...].⁵⁵

the Ministry of Health. In Bulgarian: <https://www.mh.government.bg/bg/novini/aktualno/d-r-kacarov-mz-oszhda-kategorichno-nezakonnite-dej/>. Accessed on 1 August 2022.

51 NCICH archive, AIF I 619: 2021-08-07a; 2021-08-07b; 2021-08-08a; 2021-08-08b; 2021-08-08c; 2021-08-08d.

52 See <https://csd.bg/publications/publication/disinformation-narratives-in-the-november-2021-bulgarian-elections-campaign-key-actors-and-amplifie/> (accessed 1. 8. 2022).

53 In Bulgarian: <https://dariknews.bg/novini/bylgariia/godenicata-na-pochinaliia-angel-ot-bolnicata-sa-go-ubili-2284929> (accessed 1. 8. 2022).

54 In Bulgarian: <https://bntnews.bg/news/sofiyska-gradska-prokuratura-se-samosezira-otnosno-smartta-na-peveca-angel-1170198news.html> (accessed 1. 8. 2022).

55 The Facebook search engine finds 67 reposts still available in public groups or profiles, published between 28 September and 28 December. I recorded three versions and the following discussions: AIF I 622: 2021-10-03, 2021-10-06; AIF I 625: 2021-09-30.

The story completely resonated with the pain and anger of many who have lost loved ones to the infection. Some of the republished versions were personalised with specific details added to the text or paratexts testifying in favour of the account's veracity. Other versions ended with a call to political action: "Rest not in Peace. Arise and Change the System!" A reality show star who had just lost her mother posted it on Instagram with the comment, "The story is true, and I personally had to go through this in recent days." The tabloids picked up the post and made a piece of news⁵⁶, which was shared once again on Facebook and discussed by bereaved families as an accurate account of how "those killers in white coats murdered our loved ones".⁵⁷

Conclusions

The narratives about medical specialists did not develop into an elaborate, well-defined, coherent theory; thus, I have used the broader term *conspiracy narratives* to discuss them. They were born through a prolonged interpretive work and laden with "the nearly impossible burden of finding an ending" (Fenster, 2008: 14). Parts of them assumed the forms of vernacular narrative genres: legends, jokes, personal stories; others remained as scattered streams of loosely interconnected narrative elements: motifs, assertions, notions, speculations. My approach to them was built on the shared stories research method (Page, 2018) as particularly suitable for studying atypical narratives in social media context: co-constructed by multiple tellers combining different texts; where sharing is an act of (re)telling; and the "plots" unfold more through intertextuality rather than causality. These kinds of narratives are influential because they emphasise commonly held beliefs, shared values, and socio-cultural myths, from which collective identities emerge (ibid.: 101–119). My focus was on conspiracy narratives as social practice, rather than form or structure, for seen from the emic perspective of the "conspiracy community", all narrative genres are simply a means to discuss *What is happening? Why is it happening? Who is to blame?*

Unlike some popular conspiracy scenarios, the narratives discussed here do not deal with imaginary sci-fi characters or shady organisations of the super-rich and super-powerful; they focus the attention on – and antagonism toward – specific, local, accessible persons. They exploit a spectrum of negative emotions: from anxiety or distress to grief or rage. They might create a rift in the doctor-patient relationship, undermine trust in medical procedures, and even motivate reckless or violent behaviour. For example, in November, a young man died in a hospital after lying about being vaccinated and refusing to use an oxygen mask.⁵⁸ In January and February, the media reported several cases of attacks on COVID wards in hospitals

56 In Bulgarian: <https://show.blitz.bg/rialiti/milena-ot-igri-na-volyata-ubixa-maika-mi-napxaxa-ya-vcuval-kato-bokluk-skriinsot> (accessed 1. 8. 2022).

57 NCICH archive, AIF I 620: 2021-12-10.

58 In Bulgarian: <https://www.zdrave.net/Новини/Д-р-Пеев—Починалият-с-фалшив-сертификат->

or medical vaccination stations, with verbal aggression and physical assaults on doctors.⁵⁹ In times of a global pandemic crisis, the public health risks that such narratives may pose should be taken into serious consideration.

Besides the potential risks, those narratives reveal the underlying mistrust in the medical establishment and, in a broader sense, modern medicine and pharmaceuticals. During a health crisis, it could easily worsen and expand by involving the unresolved issues and problems of the healthcare system as a focus of public tensions. At a deeper, intrinsic level, the conspiracy narratives analysed here are essentially stories of *perceived corruption*. As M R. X. Dentith (2021) argues, perceptions may not be solid evidence for corruption, but they foster conspiracy thinking and clearly indicate distrust in institutions, which in Eastern European societies is “a legacy of both the Communist period and the failure to deal with that legacy in the post-Communist period” (ibid.: 279). The lack of transparency in Bulgarian public governance is commonly called *zadkulisie*, i.e. “the backstage” or “behind the curtains”: a powerful metaphor for perceived political corruption – but also a trope of conspiracy that dominated the anti-government protests in 2020 and the pre-election discourses in 2021. According to the Global Corruption Barometer, Bulgarian citizens’ experience of corruption was among the highest in the European Union in 2021, including when dealing with public healthcare services.⁶⁰ Ever since Bulgarian authorities introduced a certificate of COVID vaccination as a mandatory requirement for access to restaurants, theatres, shopping malls, and other public places, media reports on corrupted medics issuing falsified certificates have become fairly common. In this context, the stories of monstrous corruption could be interpreted as parables of the mundane everyday corruption.

Assessed from an anthropological perspective, conspiracy narratives about medical specialists assert the mythical roots of contemporary public imagination. Presented in official narratives as heroes and martyrs of the crisis, medical professionals somewhat lost their ordinary features and became protagonists in an occurring myth. As is known from all classic mythologies, heroes are usually morally ambivalent, for they are not characterised by the ethical terms of “good” and “bad” but through concepts of normality and excess. In the normative frames and the symbolic language of myths, “professional/unprofessional” translates to “heroic/monstrous”, and this articulation of the crisis and its principal actors is perhaps the most eloquent evidence of the ordeal through which our societies are passing.

отказа-и-кислород-/n20158. According to medics, quite a few patients with COVID-19 refuse oxygen therapy during their hospital treatment; see <https://bntnews.bg/news/nevaksinirani-pacienti-s-covid-otkazvat-terapiya-s-kislorod-1178007news.html> (accessed 1. 8. 2022).

59 In Bulgarian: <https://bntnews.bg/news/otnovo-agresiya-v-ruse-blizki-na-pacient-nahluha-v-kovid-otdelenie-video-1182158news.html>; see also <https://offnews.bg/obshtestvo/mazh-napadna-medik-v-rzi-vratca-bog-shte-vi-nakazhe-vie-ste-ubijtc-769822.html> (accessed 1. 8. 2022).

60 See https://images.transparencycdn.org/images/TI_GCB_EU_2021_web_2021-06-14-151758.pdf (accessed 1. 8. 2022).

REFERENCES

- Ali, I. (2020a). The COVID-19 Pandemic: Making Sense of Rumor and Fear. *Medical Anthropology*, 39(5), 376–379. <https://doi.org/10.1080/01459740.2020.1745481>
- Ali, I. (2020b). Impacts of Rumors and Conspiracy Theories Surrounding COVID-19 on Preparedness Programs. *Disaster Medicine and Public Health Preparedness*, 16(1), 310–315. <https://doi.org/10.1017/dmp.2020.325>
- Bodner, J., Welch, W., Brodie, I., Muldoon, A., Leech, D., Marshall, A. (2021). *COVID-19 Conspiracy Theories*. Jefferson, North Carolina: McFarland.
- Campion-Vincent, V. (2002). Organ Theft Narratives as Medical and Social Critique. *Journal of Folklore Research*, 39(1), 33–50.
- Campion-Vincent, V. (2017). From Evil Others to Evil Elites: A Dominant Pattern in Conspiracy Theories Today. In: G. A. Fine, V. Campion-Vincent, C. Heath (Eds.), *Rumor Mills: The Social Impact of Rumor and Legend* (pp. 103–122). London and New York: Routledge.
- Dentith, M R. X. (2021). Conspiracy Theory, Epistemology, and Eastern Europe. In: A. Astapova, O. Colăcel, C. Pintilescu, T. Scheibner (Eds.), *Conspiracy Theories in Eastern Europe: Tropes and Trends* (pp. 268–288). London and New York: Routledge.
- Ellis, B. (2000). *Raising the Devil: Satanism, New Religions, and the Media*. The University Press of Kentucky.
- Ellis, B. (2017). Legend/Antilegend. Humor as an Integral Part of the Contemporary Legend Process. In: G. A. Fine, V. Campion-Vincent, C. Heath (Eds.), *Rumor Mills: The Social Impact of Rumor and Legend* (pp. 123–140). London and New York: Routledge.
- Ellis, B. (2018). “Fake News” in the Contemporary Legend Dynamics. *Journal of American Folklore*, 131(522), 398–404. <https://doi.org/10.5406/jamerfolk.131.522.0398>
- Fenster, M. (2008). *Conspiracy Theories: Secrecy and Power in American Culture*. Minneapolis, London: University of Minnesota Press.
- Fine, G. A., B. Ellis (2010). *The Global Grapevine: Why Rumors of Terrorism, Immigration, and Trade Matter*. Oxford and New York: Oxford University Press.
- Goldstein, D. E. (2004). *Once Upon a Virus: AIDS Legends and Vernacular Risk Perception*. Logan: Utah State University Press.
- Hiimäe, R., Kalda, M., Koiva, M., Voolaid, P. (2021). Vernacular Reactions to COVID-19 in Estonia: Crisis Folklore and Coping. *Folklore: Electronic Journal of Folklore*, 82, 21–52. <https://doi.org/10.7952/FEJF2021.82.estonia>
- Hine, C. (2017). Ethnographies of Online Communities and Social Media: Modes, Varieties, Affordances. In: N. G. Fielding, R. M. Lee, G. Blank (Eds.), *The SAGE Handbook of Online Research Methods* (pp. 401–415). London, Thousand Oaks, New Delhi, Singapore: SAGE Publications.
- Islam, M. S., Sarkar, T., Khan, S. H., Kamal, A.-H. M., Hasan, S. M. M., Kabir, A. et al. (2020). COVID-19–Related Infodemic and Its Impact on Public Health: A Global Social Media Analysis. *The American Journal of Tropical Medicine and Hygiene*, 103(4), 1621–1629. <https://doi.org/10.4269/ajtmh.20-0812>
- Ilieva, A. (2021). The General, His Fandom, and a Participatory Pandemic. *Folklore: Electronic Journal of Folklore*, 82, 53–78. <https://doi.org/10.7952/FEJF2021.82.ilieva>
- Kapferer, J.-N. (1987). *Rumeurs: Le plus vieux media du monde*. Paris: Seuil.
- Kapferer, J.-N. (1990). Le contrôle des rumeurs. *Communications*, 52, 99–118.
- Kapferer, J.-N. (1992). How Rumors Are Born. *Society*, 29(5), 53–60.

- Kitta, A. (2012). *Vaccination and Public Concern in History: Legend, Rumor, and Risk Perception*. London and New York: Routledge.
- Kitta, A. (2019). *The Kiss of Death: Contagion, Contamination, and Folklore*. Logan: Utah State University Press.
- Lee, J. D. (2014). *An Epidemic of Rumors: How Stories Shape Our Perceptions of Disease*. Logan: Utah State University Press.
- Leventhal, T. (1994). The Child Organ Trafficking Rumor: A Modern ‘Urban Legend’. A report by the United States Information Agency, available at: <http://pascalfroissart.online.fr/3-cache/1994-leventhal.pdf> (accessed 1. 8. 2022).
- Meder, T. (2021). Online Coping with the First Wave. Covid Humor and Rumor on Dutch Social Media (March – July 2020). *Folklore. Electronic Journal of Folklore*, 82, 135–157. <https://doi.org/10.7592/FEJF2021.82.meder>
- Page, R. (2015). The Narrative Dimensions of Social Media Storytelling: Options for Linearity and Tellership. In: A. De Fina, A. Georgakoulou (Eds.), *The Handbook of Narrative Analysis* (pp. 329–347). Wiley Blackwell.
- Page, R. (2018). *Narratives Online: Shared Stories in Social Media*. Cambridge: University Press.
- Renard, J.-B. (1999). *Rumeurs et légendes urbaines*, Paris: PUF.
- Renard, J.-B. (2017). Negatory Rumors: From the Denial of Reality to Conspiracy Theory. In: G. A. Fine, V. Champion-Vincent, C. Heath (Eds.), *Rumor Mills: The Social Impact of Rumor and Legend* (pp. 223–239). London and New York: Routledge.
- Tasnim, S., Hossain, M. H., Mazumder, H. (2020). Impact of Rumors and Misinformation on COVID-19 in Social Media. *Journal of Preventive Medicine & Public Health*, 53(3), 171–174. <https://doi.org/10.3961/jpmph.20.094>
- Turner, P. A. (1993). *I Heard It Through The Grapevine: Rumor in African-American Culture*. Berkley, Los Angeles, London: University of California Press.
- Uibu, M. (2021). “Doctors Just Don’t Care about People!” How Medical Specialists Are Depicted in a Vaccine-Critical Estonian Facebook Group. *Folklore. Electronic Journal of Folklore*, 82, 215–238. <https://doi.org/10.7592/FEJF2021.82.uibu>
- World Health Organization (2020). *Novel Coronavirus (2019-nCoV): situation report, 13*. World Health Organization. Available at <https://apps.who.int/iris/handle/10665/330778> (accessed 1. 8. 2022).

Archives:

NCICH archive – National Centre for Intangible Cultural Heritage (NCICH) at the Institute of Ethnology and Folklore Studies with Ethnographic Museum at the Bulgarian Academy of Sciences

ABOUT THE AUTHOR

ANGELINA ILIEVA (ORCID: 0000-0003-2564-2707) – is Associate Professor at the Institute of Ethnology and Folklore Studies with Ethnographic Museum, Bulgarian Academy of Sciences. Her main research areas are popular culture, media anthropology, fan & game cultures. She has authored more than thirty papers on contemporary cultural phenomena, such as science fiction fan clubs, Tolkien fandom,

role-playing games, historical re-enactment, and railway modelling in Bulgaria. In 2018 she published the monograph on live-action role-playing games *Larp kulturata: mezhdu i otvad* [Larp Culture: Between and Beyond]. She is currently running a research project on “fake news” and other problematic content distributed through the Bulgarian media ecosystem. Angelina Ilieva is a member of the editorial board of the *Bulgarian Folklore* academic journal and has co-edited several scholarly books, the most recent of which is *Etnologiya i epidemii: Sotsiokulturni izmereniya na pandemiyata ot COVID-19* [Ethnology and Epidemics: Socio-cultural Dimensions of the COVID-19 Pandemic] (co-edited with Vihra Baeva, 2021).