

“DON’T MASK THE TRUTH” Analyzing Anti-Mask Discourses Advanced by a ‘Trusted Expert’ and Activists Acting On- and Offline

JACQUELINE AIELLO
UNIVERSITY OF FERRARA

Abstract – This paper investigates how health-related disinformation and conspiracy theories (CTs) about masks were constructed in the US in the roughly eighteen months since the COVID-19 outbreak was declared a pandemic. It examines the anti-mask discourses propagated by different actors using different media – renowned conservative radio talk-show host Rush Limbaugh, users who signed an online petition against school mask mandates, and anti-mask activists speaking at Board of education meetings – to create a more comprehensive view of the processes involved in the delegitimization of scientific, political, and mediatic authority, and the development and perpetuation of alternative truths. These discourses were analyzed principally by means of critical discourse analysis (CDA), and specifically the strategies of self- and other-presentation (Reisigl, Wodak, 2001; van Dijk 2000; Wodak 2011) and of (de)legitimation (Reyes 2011; van Leeuwen 2007). Findings suggest that these anti-mask actors leveraged extant conspiratorial beliefs and distrust of authorities to foster anti-mask sentiment, cast doubt on the interests served by key political and scientific figures, and question the veracity of the information imparted by left-leaning news networks, government institutions, and the scientific community, undermining trust in health recommendations.

Keywords: conspiracy theories and disinformation; COVID-19; critical discourse analysis; infodemic; social media communication.

“We in this country have somehow gotten all fractured into a hyperpolarized, politicized view that never should have been mixed with public health. It’s been ruinous. And history will judge harshly those people who have continued to defocus the effort and focus on conspiracies and things that are demonstrably false.”
Dr. Francis Collins, National Institutes of Health

1. Introduction

At the start of the COVID-19 pandemic, the message to the American public on face-coverings was inconsistent and conflicting. Healthcare professionals and government officials first made public remarks apropos the inefficiency of masks (Zimmerman 2020), driven by concerns that a civilian rush for masks would compromise their availability for medical providers. On 29

February 2020, for instance, the US Surgeon General Jerome Adams tweeted: “Seriously people – STOP BUYING MASKS! They are NOT effective in preventing general public from catching #Coronavirus, but if healthcare providers can’t get them to care for sick patients, it puts them and our communities at risk!”. Then, while the Center for Disease Control (CDC) recommendation in early April 2020 for the American people to don masks in public places resulted in an immediate increase in outdoor mask-wearing (Brenan 2020), the change in health behavior was hampered by key media and political figures – not least Donald Trump – whose publicly proclaimed views contradicted official recommendations. Public health messages contrasted with those emanating from some media personalities and political leaders which, as held by Romer and Jamieson (2020, p. 1), “made it difficult for the health community to satisfy a key precondition of public preventive behavior—communicate a consensus that such action is needed”.

The uncertainty surrounding the public understanding of the utility of masks and the immediate access to enormous amounts of information online sowed fertile ground for the creation and dissemination of conspiracy theories (henceforth, CTs) aimed at advancing an anti-mask stance during the COVID-19 pandemic (See Douglas, Sutton 2015; Grimes 2020). In their recent, yet already seminal, paper, Douglas et al. (2019) define CTs as “attempts to explain the ultimate causes of significant social and political events and circumstances with claims of secret plots by two or more powerful actors” (p. 4). In the medical sphere, CTs can undermine advances in disease prevention and eradication by compelling people to dismiss scientific consensus and mainstream medicine. Indeed, studies on medical CTs have found that individuals who endorsed CTs were more likely to avoid traditional medicine and are less likely to engage with medical professionals (Oliver, Wood 2014). It therefore follows that research that seeks to gain better understandings of CTs can not only contribute to more effective means of counteracting disinformation but also to promote healthier, science-based behaviors.

The present paper aims to investigate the construction and uptake of health-related disinformation and CTs about masks, which have fueled the debate surrounding recommendations and mandates implementing their use in the American context. It examines the anti-mask discourses propagated by different actors – a renowned conservative, online users, and offline activists – and using different media – radio, social media, and Board of education meetings – in the roughly eighteen months since the start of the COVID-19 pandemic (from March 2020 to August 2021) to create a more comprehensive view of the processes involved in the delegitimization of scientific, political, and mediatic authority, and the development and perpetuation of alternative truths.

2. CTs, CDA, and COVID-19 communication

Research dedicated to understanding disinformation and CTs has burgeoned in the last decade, shedding insights into the causes and consequences of this communication. In their interdisciplinary review of studies on CTs, Douglas et al. (2019) report that individuals are lured by CTs when they fulfill epistemic, existential, and social psychological motives, reflective of individuals’ desire for subjective certainty, control, and a positive self-/group-image, respectively. In their account of how CTs appeal to believers, spread, and motivate collective action, Franks et al. 2013 sustain that CTs ‘denormalize’ the dominant framing of an event; that is, they challenge authoritative discourses and expert knowledge, and introduce alternative truths. The spread of CTs is favored when CTs anchor threatening events in terms of long-established narratives and familiar motifs that result in blame of outgroups, usually stigmatized minorities or powerful elites (Franks *et al.* 2013). Moreover, belief in CTs appears to be strongest when events are so significant that prosaic explanations seem unsatisfactory, when people feel powerless and seek a sense of control, and when people feel that their group is undervalued or under threat (Douglas *et al.* 2019).

The COVID-19 outbreak – as a “global pandemic that caused two million deaths within its first twelve months and still showed no signs of abating” (Bruns *et al.* 2021, p. 2) – presented the perfect conditions for CTs and disinformation to mushroom. This scenario was only exacerbated by the infodemic – or when a slew of information, including false or misleading information, inundates digital and physical environments – ushered in by the COVID-19 pandemic. As maintained by Grimes (2020, p. 1), “despite having access to an enormous amount of information at our fingertips, this same freedom allows poisonous fictions to aggressively perpetuate”. During the COVID-19 pandemic, the first of its kind in the social media era, people’s incessant search for answers provided ideal terrain for the creation and proliferation of disinformation and CTs that assign blame for the health emergency on scapegoats and foment public antagonism towards them (Bruns *et al.* 2021).

Recent research has investigated CTs and disinformation embedded in COVID-19 communication. Studies that have employed critical discourse analysis (CDA) – defined as “a type of discourse analytical research that primarily studies the way social power abuse, dominance, and inequality are enacted, reproduced, and resisted by text and talk in the social and political context” (van Dijk 2001, p. 352) – have highlighted the role of power and ideology in different discourses about the pandemic. Focusing on media discourse, Abbas (2021) critically analyzes the politicization of COVID-19 vaccines in selected reports from the *Global Times* and *The New York Times*

by examining the discourse strategies used in Chinese and American media. The analysis revealed that the *Global Times* represented Chinese vaccines favorably and American vaccines unfavorably, while *The New York Times* did the opposite, indicating that the vaccines were politicized for ideological aims.

Within a volume dedicated to the communication of COVID-19, Fuchs (2021) studied four popular social media artefacts that advanced CTs about Bill Gates in the context of COVID-19. In his analysis, Fuchs (2021) first identified passages from the artefacts for each of the seven main dimensions of CTs he outlines in an earlier chapter (pp. 118-119), or:

- (i) Secret domination: There is a secret group's sinister plan for (world) domination. There is a secret master who pulls the strings behind the scene of those who are officially in power.
- (ii) Concealment: The secret group conceals its interests, plans and actions.
- (iii) Personalisation: [CTs] do not conceive of domination as structure but as specific persons and groups of persons.
- (iv) Friend/enemy scheme: The secret group is opposed to the interests of 'the people'.
- (v) Violence: [...] [CTs] have fascist potentials that can result in the call for or execution of violence and terror against the perceived enemies.
- (vi) Rational irrationality: Followers of [CTs] constantly search for indicators of conspiracies that they join together with suspicions, allegations, baseless arguments, prejudices, speculation, superstition and mysticism that are not open to rational questioning and debate [...]
- (vii) Determinism: [CTs] rule out the existence of unintentionality and chance. For them, every action is motivated by a conscious, sinister plan [...]

Then, he applied CDA to uncover how ideology is communicated. Analysis of the material revealed that a series of discursive elements were used, including: false logical inference, the topoi of threat and numbers, unsubstantiated claims, the friend/enemy scheme used to pit an anonymous group of 'they' – often personalized as Bill Gates – against 'the people', and *argumentum ad hominem*.

In a subsequent chapter, Fuchs (2021) applied content analysis and critical discourse analysis of 2847 user comments made to seven social media postings that advance COVID-19 CTs to explore how users react to the spread of CTs on social media. Zeroing in on comments that supported the CTs, the findings of the quantitative content analysis revealed that the most common reasons on which users draw for this support fell into the friend/enemy scheme (52.5%), personalization (37.5%), and secret domination (23.2%) subdimensions. Within the friend/enemy scheme, the main ideological strategy, the most named enemies were Bill Gates (59.1%), the media (10.2%) and the state/government (9.3%), and CDA showed that

the construction of enemies within CTs is achieved by negative moral predications (*argumentum ad hominem*). Furthermore, in the COVID-19 CTs under study, Fuchs (2021, p. 215) found “the claims that members of an elite conduct crimes against humanities by allegedly planning to kill, poison, control or monitor humans via vaccines”.

The present paper aims to add to the insights that this recent research has yielded by exploring the discourses created and propagated by three different sets of anti-mask activists communicating their viewpoints to different audiences on different platforms in the American context. The first actor on which this paper focuses is Rush Limbaugh, one of the most prominent conservative media personalities who espoused an anti-mask message on his popular radio show at the onset of that COVID-19 pandemic. Douglas and Sutton (2015, p. 99) maintain that “when people are unsure of the facts and lack the necessary knowledge and skills to interpret data themselves, they understandably turn to trusted experts to guide their opinions and behaviors”. The mask-related content of Limbaugh’s radio show serves as a focal example of the way in which CTs and disinformation are produced by a ‘trusted expert’ on mainstream media. The second focus of this study is anti-mask activists expressing their opposition to school-based mask mandates. Of these, one set of activists acted online by signing an anti-mask petition and justifying their action to the former governor of New York, and one set acted off-line by speaking at their local Board of Education meetings against mask mandates.

3. Methodology

3.1. Research Aims and Design

This research project concerns itself with how anti-mask messages are communicated and how ideologies stemming from anti-mask content operate. To better understand these phenomena, the study takes on a three-pronged perspective to the analysis of anti-mask discourses, as illustrated in Table 1. That is, three sets of data sources are studied that correspond with different actors – or a media personality, online users, and off-line activists – in different settings – via media (radio), online and off-line – to audiences with varying degrees of agreement with an anti-mask viewpoint – a large sympathetic audience, a vociferous pro-mask political figure, and a local government body. Multiple sets of data permit insight into how particular types of interaction articulate together, such as consideration of the extent to which the discourses propagated by Rush Limbaugh, a ‘trusted expert’, were

taken up by those who were against school-based mask mandates acting on- and offline.

RQs	Actor(s)/setting	Data Source	Analysis
How is anti-mask discourse constructed and advanced by a ‘trusted expert’?	Rush Limbaugh on his radio show, March-October 2020	Transcriptions of 7 episodes of ‘The Rush Limbaugh Show’	CDA
How are anti-mask stances articulated within the school-based mask mandate debate on- and offline?	Online users who signed the Change.org petition “UnMask Our Children!”, May 2021	890 comments (21,971 tokens)	Corpus analysis CDA
	Community members at Board of Ed meetings of 3 Long Island (NY) school districts, August 2021 (offline)	Transcriptions of speeches delivered by 15 anti-mask speakers	CDA

Table 1.

3.2. Data Sources: Rationale and Collection

3.2.1. Rush Limbaugh

The rhetoric of renowned conservative media icon Rush Limbaugh in many ways defined American right-wing populist discourses for decades until his death in February 2021. His show, ‘The Rush Limbaugh Show’, broadcast by around 600 local radio stations, was the number-one commercial talk show on American radio that attracted millions of listeners each week in the period under study. Thus, he can be considered a ‘trusted expert’ for countless Americans. Transcripts dedicated to the issue of masks were retrieved by searching for ‘mask’ and ‘masks’ in the online archives of the radio show found at <https://www.rushlimbaugh.com/>. Seven episodes were selected which aired on the following dates in 2020: 11 March, 20 April, 15 May, 27 May, 14 July, 17 July, and 2 October.

3.2.2. Anti-mask activists

The second and third sets of data refer to the New York-based movement against mask mandates in schools. New York state was selected for several reasons. First, it was the first US state to experience a COVID-19 outbreak in March 2020 and, consequently, to implement a mask mandate. Then, former New York State Democratic Governor Andrew Cuomo was one of the most vociferous opponents of the Trump-led federal pandemic response and he

received widespread praise for his handling of the crisis early in the coronavirus response efforts.

The emphasis is on school settings because school-based mask mandates were the sites of some of the most contentious mask debates even within liberal-leaning states such as New York. Two New York state mask policies concerning pupils are relevant. In May 2021, the announcement that fully vaccinated individuals no longer needed face coverings in most public places coincided with a new recommendation that kids over the age of two were required to wear masks while at daycare and day camps. Then, the emergency regulation, issued on 27 August 2021 by the New York State Health Department under the direction of Governor Kathy Hochul – who took office after Cuomo’s resignation – indicated that “any person who is over age two and able to medically tolerate a face-covering may be required to cover their nose and mouth with a mask or face-covering when [...in] schools”. In September 2021, New York State was one of 16 states to have instated a mask mandate for schools before the start of the 2021/22 school year.

Within this context, the first data source is the ‘reasons for signing’ provided by supporters of the Change.org petition “UnMask Our Children!”¹, addressed to former Governor Cuomo, during a twenty-four-hour period from 21 to 22 May 2021. These dates were selected because they were the first days in which the petition was opened immediately following updated mask guidelines. The 890 comments posted in response to the ‘reasons for signing’ prompt constitute a small 21,971-token corpus.

The second set of data is comprised of the debates that unfolded during select meetings of the Boards of Education of three Long Island, New York school districts – Locust Valley Central School District (LVCSD), Massapequa School District (MSD), and Smithtown Central School District (SCSD) – held in August 2021. These districts were selected because the mask debates that ensued during board meetings and/or the Board’s reluctance to abide by mask mandates were covered by the local news (e.g., Goldberg 2021; News 12 Staff 2021; Thorne 2021). The streamed recording of three Board of Education meetings, one in each district, were retrieved on their respective school district websites and transcribed, and the analysis considered 15 speakers who expressed anti-mask stances in speeches delivered during these meetings.

¹ <https://www.change.org/p/andrew-m-cuomo-unmask-our-children/>.

3.3. Data Analysis Procedure

This study takes on a CDA approach. CDA aims to gain a better understanding of pressing social problems through discourse analysis, and it takes the perspective of those suffering most from these issues (van Dijk 1993). The social problem that this paper is interested in and driven by is the perpetuation of disinformation and CTs during the global pandemic because they present obstacles to science-based prevention measures, and they negatively impact health outcomes of their believers. In fact, research conducted in the US has revealed that individuals who feel politically powerless were more likely to hold conspiracy beliefs, which is related to a reduced likelihood of embracing public health recommendations such as mask wearing (Romer, Jamieson 2020, See also Jamieson, Albarracín 2020). As poignantly stated by Fuchs (2021, p. 123), “COVID-19 conspiracy theories are a necrophilic ideology, an ideology of death that advances death and increases the number of deaths”.

The present study takes a discourse analytical approach to the study of ideology, where CTs form a particular type of ideology (Fuchs 2021). Van Dijk (2006, p. 120) defines ideologies as “foundational beliefs that underlie the shared social representations of specific kinds of social groups” that are at the basis of discourse and other social practices. Ideological discourse is generally organized by a broad strategy that expresses the positive presentation/action of Us in which ‘our good things’ and ‘their bad things’ are emphasized, and the negative presentation/action of Them in which ‘our bad things’ and ‘their good things’ are de-emphasized (van Dijk 2006). At this macro-analytical level, the epistemic underpinning of the present research centers on the ‘us’ versus ‘them’ binary in which the former is constituted by anti-mask activists, anti-mask ‘trusted experts’, and those who oppose mask recommendations and mandates, and the latter is constituted by pro-mask individuals and institutions (mediatic, scientific and governmental) and those who comply with mask recommendations and mandates.

In terms of the micro-analysis, the analysis of selected transcripts of aired episodes related to masks of Rush Limbaugh’s radio show, the “UnMask Our Children!” comment corpus, and the transcripts of the 15 responses spoken during the Board of Education meetings aimed to explore the discursive strategies used to advance anti-mask stances, usually situated within greater COVID-19-related CTs and disinformation. In examining the strategies of self- and other-presentation (Reisigl, Wodak, 2001; van Dijk 2000; Wodak 2011), it focused on the categories of argumentation moves and persuasive strategies detailed in van Dijk’s (2000) and Reisigl and Wodak’s (2001) work on the analysis of (anti-)racist interventions but applied to anti-mask (and the related anti-science, anti-government, anti-Left, and anti-

media) discourses, and drew on the strategies of legitimation detailed in van Leeuwen (2007), and expanded upon in Reyes (2011). It also took heed of the seven main dimensions of CTs identified by Fuchs (2021) that underpin their logic.

While CDA is the primary approach employed in this study, the comment corpus afforded the opportunity to apply a corpus-assisted discourse study approach. The corpus was first cleaned for typos and spelling errors (e.g., the spelling of the verb breathe was corrected from ‘breath’). Then comparative keyword analysis was performed on the corpus using the online text analysis tool Sketch Engine against the US domain .us subcorpus of the reference corpus English Web Corpus (enTenTen) 2020, which is constituted by roughly 1.3 billion tokens from texts collected from the Internet between 2019 and 2021. This reference corpus was selected because it matched the language variety (American English), geographical context (US) and time frame of the comment corpus. Next, Sketch Engine was used to generate the most frequently occurring 3-4 token lexical bundles using the n-gram tool. The concordance tool was used to see both the keywords and lexical bundles in their original context, which granted the possibility to perform discourse analysis.

4. A ‘Trusted Expert’: Rush Limbaugh’s conservative discourses on mask use

On 11 March 2020, Rush Limbaugh reassured the listeners of his radio show and said that they need not be alarmed by the onset of the COVID-19 emergency:

[...] All of this panic is just not warranted. This, I’m telling you, [...] I’ve told you that this virus is the common cold. When I said that, it was based on the number of cases. It’s also based on the kind of virus this is. Why do you think this is ‘COVID-19’? This is the 19th coronavirus. They’re not uncommon. Coronaviruses are respiratory cold and flu viruses. There is nothing about this, except where it came from, and the itinerant media panic that — you can’t blame people reacting the way they’re reacting, if they pay any, even scant attention to the media. (11/03/2020)

Here, Limbaugh presented himself as a ‘trusted expert’ who provided a consistent message to his audience concerning the mild nature of the virus. In so doing, he set up a friend/enemy scheme in which he was positioned as someone whom people should listen to and trust (“I’m telling you”, he stated, to emphasize that his words were true) in contrast with the media whose coverage of the virus produced “all of this panic”. Notwithstanding the claim

that he could be trusted, the radio host actually provided inaccurate information (the novel coronavirus was neither “the common cold” nor “not uncommon”) and he based his assertions on partial data (the actual “number of cases” was not yet known at the time and/or mushroomed soon thereafter) and flawed logic (the ‘19’ in COVID-19 is not an ordinal number).

Limbaugh maintained that one way in which the media fomented panic was with their mask wearing behavior. During the 20 April 2020 episode, he charged that the liberal media deployed the mask as a “symbol of fear”:

The mask is the symbol of fear, the sign that you’re at risk, the sign nothing is going to get better. [...] ‘Can you explain to me why TV people doing outdoor shots with nobody nearby are wearing masks? The cameraman’s the only person nearby, and they can be over six feet away.’ I think it’s precisely to create the image of fear. They’re wearing a mask [...] because, I tell you, how they’ve been ordered to behave by their boss. I mean, if the people that employ you tell you to wear a mask out there, that’s what you’re gonna do. I know CNN’s not wearing a mask. Their people are not wearing masks. [...] But it is clear that the mask is a symbol of fear, and when you see various people suggesting that we may now have masks as part of our public lives for the rest of our lives? Uh, why? Why? What happened to the simple question of, “Why?” (20/04/2020)

According to Limbaugh, the reporters of the left-leaning mainstream media network CNN were not engaging in mask wearing when they were not on air. They wore masks in front of the cameras because they are told to do so “precisely to create the image of fear”. Limbaugh fashioned a CT about masks in which a group – whose secrecy is determined with ambiguous “their boss” and “various people” – orders public actors how to behave and tells ordinary citizens how to act for a secret motive, or propagating fear (Fuchs 2021). In so doing, the radio host invited his audience to question the reasons that govern mask wearing behaviors and policies, and suggested that a powerful group is using masks to instill fear and to manipulate the populace.

Limbaugh also employed this approach to instigate distrust of politicians and the scientific community. For instance, Limbaugh honed in on former Democratic NY governor Andrew Cuomo’s aggressive COVID-19 containment response:

Do you think Andrew Cuomo knows what’s best for you? He put this little quarantine around New Rochelle. I mean, it’s just, this is just — too much of this, to me, appears to be made-to-order for objectives that have long been held by the American left, the Democrat Party, the media, what have you. (11/03/2020)

Limiting contact among people by creating a containment area around a community where a pathogen has proliferated widely (such as New Rochelle)

is a science-based approach to thwart the spread of disease. Yet, Limbaugh cast doubt on the reason for the containment measure, using the logic of concealment and personalization. Andrew Cuomo might have publicly stated that his policies were created to protect the people from this new threat, but this was (allegedly) a lie: these policies were actually “made-to-order” to serve the longstanding interests of liberals, Democrats, and the media. These health mandates were therefore part of a “conscious, sinister plan” (Fuchs 2021, p. 119), personalized by Cuomo.

With reference to the scientific community, on 5 May 2020 Limbaugh asked his audience: “have you noticed that, despite [declining COVID-19 cases], more and more people are starting to wear masks? Government people, scientists, doctors, the white lab coat crowd. So why would this be?”. With this question, the radio host rejects a rational explanation for continued mask wearing despite decreasing case numbers (e.g., as effective tools, masks should be worn until the virus is fully contained) in favor of an irrational, secretive reason for mask-wearing. He proceeded with the following:

Dr. Fauci [...] said face masks are largely security theater and of no use to the healthy. Dr. Russell Blaylock, a neurosurgeon, has written an editorial addressing healthy people wearing masks to protect themselves from COVID-19 and his advice is: “Don’t. If you’re healthy, do not wear the mask.” First, Blaylock says, there is no scientific evidence that it is effective against COVID-19 transmission. Pro-science people should care about this. [...] and yet, as the number of cases is flattening now, here come all these people increasing the wearing of masks in the health community. It’s almost as though they don’t want you to get the message that the news on the virus might be improving. (15/05/2020)

In this excerpt, to delegitimize the utility of masks, Limbaugh first harnessed the inconsistency in mask-related messaging at the onset of the pandemic by referencing director of the National Institute of Allergy and Infectious Diseases (NIAID) Dr. Anthony Fauci’s outdated remarks that masks were no more than ‘security theater’², which reflected neither Fauci’s stance in May 2020 nor the updated CDC guidance concerning masks³. Then, he referred to an article entitled “Neurosurgeon Says Face Masks Pose Serious Risk to Healthy People” from the right-wing news provider *PJ Media*, which has touted CTs⁴. While Limbaugh did not disclose the dangers of mask wearing

² On 8 March 2020, Dr. Fauci stated that “there’s no reason to be walking around with a mask”.

³ ‘Security theater’ is a concept coined by Schneier (2003) to describe security countermeasures meant to provide the feeling of improved security while doing little or nothing to improve reality.

⁴ Suggestive that the website touts conspiratorial beliefs, two editor’s notes on the article read as follows: “Want to support PJ Media so we can keep telling the truth about China and the virus

included in the article (but did so elsewhere), he cited Dr. Russell Blaylock by name and profession to legitimize the speaker, in terms of his authoritative role and medical expertise (van Leeuwen 2007), and his belief that masks are ineffective. This ‘expert’, however, has advanced many CTs that proliferate views inconsistent with the scientific consensus (Zollo *et al.* 2017). Limbaugh had recourse to the fallacy of mentioning authorities to support his case against masks (van Dijk 2000) by referring the obsolete opinion on masks of Dr. Fauci, who is a generally recognized expert, alongside the opinion of a conspiracy theorist who was framed, misleadingly, as a respected member of the scientific community. Claiming support for his standpoint by referring to these ‘expert’ opinions (incorrectly) implies that wearing masks is not an effective health measure. For Limbaugh, it follows that, since it is acting in contrast to these ‘expert’ opinions, the health community is intent on concealing the truth by portraying an inaccurately dismal view of the epidemiological situation, achieved via mask wearing.

Limbaugh repeated his attack on the scientific community during his 17 July episode, again by citing the words of a doctor framed as an authority figure and ‘expert’. He read the contents of a Facebook post by a “well-known climatologist” who cites an unnamed friend who is “an expert in immunology, epidemiology, and a couple other medical-ologies”. This anonymous ‘expert’ stated both that “the public wearing masks is probably doing more harm than good” and told the story of a woman who contracted Legionnaires’ disease from mask wearing but whose doctors had misdiagnosed her with COVID-19. By reading the post that contained both reference to an ‘expert’ of the medical community and the woman’s story, Limbaugh provides different forms of evidentiality, a strategy intended to “convey objectivity, reliability and hence credibility” (van Dijk 2000, p. 217), to defend the point that masks are harmful. Nonetheless, as in the example above, this is a fallacy because while Limbaugh presents his sources as competent ‘experts’, “the appeal to an authority is always fallacious if the respective authority is not competent or qualified, if she or he is prejudiced or if she or he is quoted inaccurately” (Reisigl, Wodak, 2001, p. 72).

The radio host also said that the medical community had “a COVID-19 bias”, a bias borne from alleged government funding for patients hospitalized with COVID-19. He stated:

It’s unfortunate, it’s very sad, but if there is money to be made — this is how climate change gets expanded and extended. You corrupt every scientist in it by giving them money for coming to certain decisions and going public with

they unleashed on the world?” and “Help PJ Media keep reporting on leftists using COVID-19 as an excuse for big government power grabs”.

their opinions on climate change. You pay them to do so, and you're gonna corrupt them. And it's happening now with COVID-19. (17/07/2020)

With this affirmation, the radio host marries climate change skepticism with COVID-19 skepticism, alleging that the medical community is corrupted to serve the purposes of the government. However, there is no proof that climate change scientists or COVID-19 researchers are being corrupted. As maintained by Fuchs (2021, p. 98) in describing rational irrationality, "conspiracy theory believers take phenomena that have no connection to a certain event or unrelated phenomena as proof for the existence of a conspiracy". By connecting two baseless claims, Limbaugh employs the strategy of other-presentation to depict the scientific community as corrupt, money-hungry, and easily bought, therefore undermining the objectivity of scientific findings and the validity of claims made by the health community.

Rush Limbaugh advanced the theory that talk of the gravity of the pandemic and support of containment measures including mask wearing were instrumentalized by the media, the Left, and the health community to instill fear and subvert the Right. He stated that Democrats wanted the populace to believe the following: "Republicans are doing this to you. Conservatives are doing this. You're right to be afraid. Donald Trump is the reason you're afraid" (14/07/2020). Limbaugh maintained:

[The Democrats'] demand for masks is political. Everything is political. They hope to capitalize on the image they're creating that we're all about to die -- that we're all very, very near being wiped out -- and only those who wear masks are gonna be safe and only Democrats advocating the wearing of masks care about people. If you don't wear a mask, then you don't care. (27/05/2020)

In short, for Limbaugh, the use of masks was not being advocated to "stop the spread" of COVID-19 but mask use was being extolled by Democrats for political reasons and to marginalize and delegitimize the opposition on moral grounds. He also alleged that Democrats fashioned "a liberal definition of a COVID death" which "included young people who died of alcohol poisoning, gunshots, and drug overdoses" to inflate COVID-19 case numbers in key states in the 2020 Presidential election, such as Florida "a state that Biden certainly needs to win" (14/07/2020). Thus, Democrats were hyping the COVID-19 epidemic to hurt Trump – "to portray Trump as incompetent, uncaring, has no compassion" (17/07/2020) – and ultimately have him lose the election. In so doing, Limbaugh not only situated Democrats as manipulative in their attempts to undermine Trump and conservatives, but he also sowed mistrust in the pandemic numbers reported: "it's a recipe for corruption. So we don't even know these numbers in Florida are accurate, and yet nobody's questioning them" (14/07/2020).

Limbaugh also chastised those who believe this (allegedly) flawed information. In a 14 July episode, Limbaugh cited an article entitled “Millennials think their risk from COVID-19 is exponentially more than the true threat” (Horowitz 2020) from the *Conservative Review*, an online publication whose editor-in-chief is radio show host and right-wing conspiracy theorist Mark Levin (Abramson 2017). Limbaugh charged that millennials are “paralyzed in fear” about the pandemic even though “this cowering and fearful and almost giving up in the face of this enemy, COVID-19 [...] isn’t who we are” and is “un-American” (14/07/2020). Elsewhere he achieved a similar effect by labeling Democrats as pessimists and Republicans as optimists. Pessimism becomes negative other-presentation because, in contrast with hard work which evokes the all-American ‘work ethic’ motif, it “is easy” and “doesn’t take any work” (15/05/2020). This line of reasoning not only pit the left against the right and millennials against the older generation, but it designated the latter groups as more agentic, assertive, and ultimately more American than the former.

Across these episodes of his radio show analyzed in this study, Rush Limbaugh constructed a virtually seamless conspiratorial narrative about the pandemic in which the media, the Left, and the scientific community were the enemy and the mask served a key symbolic role. Limbaugh’s narrative was constructed by means of delegitimization tactics and negative other-presentation of respected authorities, *argumentum ad verecundiam*, or the fallacious appeal to conspiratorial ‘experts’ and to unqualified, unnamed, or misquoted authorities, and unsubstantiated anecdotal accounts to undermine scientific consensus. Woven into this narrative were several dimensions characterizing CTs including the friend/enemy scheme, concealment, rational irrationality. With varying levels of explicitness, Limbaugh suggested that the media, the Left, and the scientific community had benefits to be made in terms of money (corruption) and political gains (the 2020 elections) by depicting COVID-19 as a national emergency that was graver than it actually was. They conspired together to dupe the people and undermine Trump, and they strove to do so, in secrecy, by using and advocating for masks. Reporters and members of the health community wore masks on air (and allegedly not off camera), and politicians instituted and advocated public health measures like mask wearing to provide a manifest reminder of the virus. Through masks they instilled fear to exert control over the populace and by positioning themselves on the moral high ground. In turn, the American people (liberals and millennials) who believed and/or sided with these groups – and accepted mask mandates and engaged in mask-wearing behavior – were at best victims of their manipulations and at worst un-American.

5. The Mask Debate about School-aged children

5.1. Justifying support for the “UnMask Our Children!” petition

The first set of data analyzed in this section is the corpus of comments written by supporters of the May 2021 Change.org petition “UnMask Our Children!”. A corpus-based comparative keyword analysis provides the most salient terms that characterized the comments, while the analysis of the most frequent lexical bundles in context serves as a springboard to unveil the strategies users employed to argue against mask mandates.

5.1.1. Comparative keyword analysis

Comparative keyword analysis was conducted to generate the list of keywords contained in Table 2. The top 40 keywords are arranged by their ‘keyness’, or a statistic determined by a Log-likelihood calculation performed by the Sketch Engine software.

Item	Score	Item	Score
unmask	1472.515	pandemic	91.355
mask	898.867	wear	90.467
vaccinate	454.814	insanity	78.602
Cuomo	427.879	suffocate	77.825
COVID	365.996	mandate	71.352
spreader	246.335	power-hungry	70.62
breathe	241.129	unhealthy	70.568
ridiculous	231.266	strong-arm	69.089
maskless	170.734	insane	68.056
grandkid	144.287	inhumane	67.603
plandemic	129.153	disgusting	66.463
overreach	127.193	illogical	65.436
normalcy	122.011	asinine	63.472
kid	118.868	anti-science	63.157
daycare	116.81	germ	62.316
NYS	113.482	detrimental	58.975
bullshit	107.495	absurd	58.557
toddler	102.505	traumatize	58.118
unvaccinated	97.783	unnecessary	56.724
unmuzzle	91.588	outweigh	55.181

Table 2
Comparative keyword analysis – “UnMask Our Children!” comment corpus (focus) v. .us subcorpus of enTenTen20 corpus (ref.).

It comes as no surprise that within the “UnMask Our Children!” comment corpus some of the keywords with the highest scores are iterations of terms related to masks and mask wearing (e.g., ‘unmask’, ‘mask’, ‘maskless’, ‘wear’), COVID-19 (‘COVID’, ‘pandemic’), the mask mandate and its proponent (‘mandate’, ‘Cuomo’), and the audience and setting targeted by the mandate (‘kid’, ‘daycare’, ‘toddler’). Of interest is the presence of the terms ‘vaccinate’ and ‘unvaccinated’, with the former figuring very high in the keyword list. When the lemmas are seen in context, an overwhelming majority of comments instance the vaccine as a reason to unmask children, since the existence of a vaccine should mitigate the severity of the virus and warrant a reduction in protective measures⁵. Vaccine-skeptical beliefs transpire in this argumentation, as follows:

- (a) If the “vaccine” works, then those who are at the greatest risk are protected [...]
- (b) [...] if I vaccinate them with an experimental “vaccine” I’ll be allowed to unmask them [...]

The authors of excerpts (a) and (b) use scare quotes around the word vaccine to draw scrutiny to the term and cast doubt on the truthfulness of its effectiveness in providing protection from the virus (a) and its safety (b) (also suggested by “experimental”). The scare quotes imply a skepticism towards vaccines that undermines the strength of the argument supplied by the commenters that vaccines justify mask removal for kids.

The keyword list also displays the presence in the corpus of terms, and primarily adjectives, that relate to sense (or lack thereof), including: ‘ridiculous’, ‘bullshit’, ‘insane/insanity’, ‘illogical’, ‘asinine’, ‘absurd’, as well as ‘anti-science’. When seen in context, these evaluative attributions of negative traits are used by commenters to present pro-mask advocates and policies as unreasonable and irrational. In contrast, terms that indicate the sensible or rational nature of mask opponents do not transpire as keywords, suggesting that negative other-presentation was a move that was more frequently employed than positive self-presentation (van Dijk 1993) in the comment corpus.

Another set of terms that can be grouped by related semantic meaning are those linked to negative effects of masks. Most of these lemmas refer to adverse physical effects on people donning masks, or the inability to breathe well (‘breathe’, ‘suffocate’), lack of hygiene (‘disgusting’), and exposure to other infections (‘unhealthy’, ‘germ’). The latter in particular occasions the

⁵ For instance, one commenter wrote “Children have been unmasked this entire time and are now surrounded by vaccinated adults” and another stated: “[...] Now that there is a vaccine and you have about 60% of NY vaccinated at this point you need to release the mask off these children”.

conspiratorial belief that masks themselves cause illness, which positions the mask as not only ineffective but harmful. Other terms are used to argue that the mask is a means of torture or psychological manipulation, as suggested by ‘detrimental’ ‘unmuzzle’, ‘inhumane’ and ‘traumatize’, which elicit emotive effects such as fears and anxieties (Reyes 2011) and invoke the topos of threat (Wodak 2011) in their implication that the mask has detrimental effects, quashes human rights, and traumatizes school-age children.

Lastly, several terms evoke conspiracy theories related to the opportunities that the pandemic afforded to political institutions. For instance, ‘plandemic’ relates to the prominent conspiracy theory related to COVID-19 that the pandemic was a planned and/or fraudulent scheme. ‘Overreach’ evokes the conspiratorial belief that institutions are using the pandemic to usurp power and act unconstitutionally, while ‘power-hungry’ is a negative attribution that conveys institutional desire for control over the populace and for the accumulation of power. Together, these terms question whose interests are being served by the state government and politicians advancing mask mandates in schools.

5.1.2. *Lexical bundles*

The analysis of the most frequently occurring 3-4 token lexical bundles from the “UnMask Our Children!” corpus sheds insights on the arguments that users cited most to justify their opposition to mask mandates. Three of the most frequently used multi-word expressions in the small corpus were: ‘enough is enough’, ‘is child abuse’, and ‘follow the science’. The first bundle – ‘enough is enough’ – is suggestive of the desire to present a state of affairs as untenable, in this case the unacceptability of masking children, and to compel the reader to reject the status quo. Examples of occurrences of this bundle in the corpus follow:

- (c) **Enough is enough.** There’s no reason for this to continue ANY longer.
- (d) I have a 14 and 10 year old that have been masked for a year and a half. **Enough is enough!!**
- (e) Because we are killing our children...**enough is enough**
- (f) **Enough is enough.** End this mask torture for our kids!!!
- (g) This is ridiculous! Our children will get sick just from wearing the mask ALL DAY!
Enough is enough.

In all these cases, the expression is used as a single reinforcement measure at the start or end of the utterance. For the commenters, the reasons for which the situation can no longer be tolerated and, therefore, ‘enough is enough’, range from the duration of the pandemic and containment measures (excerpts

c) and d)), and mask-related risks to children's health and wellbeing (excerpts e), f) and g)). Masking children is equated to murder, torture, and engendering illness, thus evoking conspiracy theories and fallacies in the form of extreme case formulations – “formulated in starkly exaggerated terms” (van Dijk 2000) – about the effects of long-term mask use among children.

Similarly, the lexical bundle ‘is child abuse’ was used to define mask wearing for children. This hyperbole, which gives rise to an emotional response, legitimizes the anti-mask stance in terms of evoking concern for children and the fear of hurting them (Reyes 2011). As shown in the three comments below, this bundle often occurred alongside affirmations that advance the conspiratorial belief that a hidden scheme underlies the mask mandate:

- (h) For 9 months I have been standing up in front of our school board demanding to free our kids' faces!!!! It's nothing but dictatorship!!!! Masking up healthy children **is child abuse!!!!** Masks serve no purpose!!
- (i) Cuomo only doing this at this point as a means to force vaccinationno vax then you wear the muzzle. This **is child abuse!** This is not the height of the PLANdemic, so why now Cuomo? [...]
- (j) Masks on our children **is child abuse.** They have a 99.97% survival rate. This is about control!

For the authors, masks are useless (“serve no purpose”, h), punitive and dehumanizing (“muzzle”, i), and unnecessary due to the high survival rates among children (j). By designating the mask in these ways, the authors define what it is not: masks are not medical tools effective in the prevention and mitigation of the spread of COVID-19 and, therefore, for the protection of the health and wellbeing of school-aged children. Thus, there is an alternative truth driving state government mask mandates. Masks are promoted as part of a sinister plan and a government ploy to enact a “dictatorship” (h) and seize citizen rights, to obtain “control” (j) over the people, and to coerce people to undergo inoculations within the “PLANdemic” (i).

Additionally, comments (h), (i), and (j) all appeal to numerical facts or statistics directly (“9 months” and “99.97% survival rate”) or indirectly (“the height of the PLANdemic”). This can be interpreted as a manifestation of the topos of numbers (“if sufficient numerical / statistical evidence is given, a specific action should be performed” Wodak 2011, p. 44). It is a legitimization strategy, since these numerical references serve as indicators of knowledge and accuracy that evoke expertise and authority, emphasize objectivity, and ultimately aim to strengthen credibility (Reyes 2011; van Dijk 2000).

The lexical bundle ‘follow the science’, instead, serves as a

delegitimization tactic. It calls into question mask mandates on the grounds that they counter voices of expertise, scientific research, and facts, synecdochally represented by the term “science”.

- (k) Why mask kids? Adults are the carriers! Stop the madness and **follow the science!**
- (l) I am signing this petition because I **follow the science**. Masks do not stop Coronavirus.
- (m) **Follow the science** Cuomo: read it carefully- MASKS DON’T MAKE A DIFFERENCE SO GET THEM OFF MY CHILDREN!

In the above examples, the authors cite different claims – the higher occurrence of the virus among adults (k), as well as the fallible nature (l) and uselessness (m) of masks – to support their anti-mask stance. These comments do not detail specific forms of evidentiality, or “how or where [they got] the information” (van Dijk 2000, p. 217), but instead appeal to the vague concept of “science” as evidence of their (often baseless) claims.

In summary, the analysis of keywords and lexical bundles suggests that these anti-mask advocates acting online label pro-mask positions as nonsensical and “anti-science” (in contrast with their own “science”-backed standpoint), and even detrimental both in terms of individual freedoms and health outcomes. Like Rush Limbaugh, these users rejected the view of mask as a medical tool, and they ignored the scientific evidence widely available on the health-related benefits of mask wearing in May 2021, at the time of the petition. There is also evidence of the uptake of the conspiratorial belief that the mask was mandated by liberal institutions to claim power and exert control over the populace.

5.2. Board of Education meetings

The present section focuses on how anti-mask activists argued in opposition to in-school mask mandates at Board of Education meetings held in August 2021.

5.2.1. Topos of fear and the safeguard of liberties

The most frequent rationale that anti-mask respondents at these meetings occasioned in support of their stance was rooted in the protection of their autonomy, rights, and freedoms. The speaker of excerpt n), for instance, charged that individual choice, human rights, and human dignity were being stripped by political institutions who decided to impose mask mandates for politicized ends:

- (n) Clearly replacing individual choice with collective mandates has politicized this issue and polluted the science. This is not science. Politics forcing healthy children into mask wearing is an affront to the rights we hold over our bodies and our basic human dignity. (LVCSD, 17/08/21)

This speaker both echoes Rush Limbaugh's claim that "[the Democrats'] demand for masks is political" (27/05/2020) and frames the effects of mask wearing in a negative and grossly exaggerated form, reminiscent of the aforescribed charge by the online petition commenters that the mask "is child abuse". They situate refusal to wear masks as a rebuff of heavy-handed involvement by the government in individuals' health (Wong, Claypool 2021; also emblemized by anti-maskers co-opting of the pro-choice slogan "My body, My choice").

Other speakers – as illustrated in excerpts o) and p) – used the 'slippery slope' argument to claim that complying with the mask mandate is "only the beginning" (excerpt p) and would eventually lead to the surrender of other human rights and freedoms.

- (o) If we allow to take to have a rights removed at this moment there's going to be the day that your kids are going to belong to the government and not to us (LVCSD, 17/08/21)
- (p) The inalienable right for each and every human being to choose what is best for their own health and that of their children is being attacked and challenged. We are witnessing the greatest takeover of our basic human rights and medical freedoms. The masks are only the beginning, a mere test of our servitude and compliance. (LVCSD, 17/08/21)

Resonant with excerpt n), the conceptualization of mask mandates as a grave affront to rights and freedoms is also attained via hyperbolic assertions – having one's children belong not to parents but to the government (excerpt o) – and superlatives – mask mandates are "the greatest takeover of our basic human rights and medical freedoms" (excerpt p). Thus, these speakers rely on the topos of threat to argue against mask mandates. The actual, concrete threat – or the spread of COVID-19 in schools – is supplanted by a fabricated, unsubstantiated threat to rights and liberties.

In line with the specter of the threat to freedom, another speaker (excerpt q) situated opposition to mask mandates as part of the American plight for civil rights and tradition of civil disobedience, on par with the American Revolution, the end of slavery, and the women's rights movement.

- q) We need to teach these kids what's right and what's right is when you stand up [against] something that's wrong. If we didn't dump tea in the Boston Harbor - okay? - and stand up against what they were doing, the British, we would never be a country. If we were never stood up and fought against slavery, where hundreds of thousands of black and white people died, what would this country look like? If women didn't stand

up for their equal rights. What would this country look like? (SCSD, 03/08/21)

Here, in citing defining moments American history, the speaker relies on the topos of history (“because history teaches that specific actions have specific consequences, one should perform or omit a specific action in a specific situation” Wodak 2011, p. 44) to link protests against mandated masking with American ideals and identity. In so doing, the speaker legitimizes the anti-mask standpoint on the basis of the authority of tradition (van Leeuwen 2007) – to “stand up [against] something that’s wrong”, or mask mandates, is the American way and “what’s right” – regardless of the reason(s) the policies were put in place.

5.2.2. *Voices of ‘expertise’ and the topos of numbers*

Many speakers base their argumentation on the ‘fallacy of authority’. That is, some speakers presented themselves as authorities or experts, when they were not (*argumentum ad verecundiam*; Reisigl, Wodak 2001). Specifically, several speakers cited their personal experiences to support their anti-mask stances. For instance, one speaker suggested the false claim that mask wearing during the COVID-19 pandemic is not necessary because they did not wear a mask at large social gatherings and did not contract the virus⁶. This fallacious argumentation casts doubt on the veracity of well-documented containment measures and scientific consensus.

A recurrent mechanism utilized by speakers to convince their audience of the validity of their anti-mask stance was to introduce themselves as professionals in various fields with explicitly cited years of experience. Speakers included medical personnel such as a physician assistant and a nurse, a science teacher, a guidance counselor, and a child psychiatrist, and they used their role to project themselves as authorities on masking. In fact, each of these speakers cited reasons closely tied to their professions to frame their anti-mask argumentations, as in the following examples:

- r) In recent years, there's been a big push for social emotional learning and as a guidance counselor I know how important this is. There is no way a child can learn socially or emotionally if most of their faces are covered all day. (LVCSO, 17/08/21)
- s) Children have come into my ER with severe impetigo on their face. Do you know what impetigo is? Lesions caused by a staph infection from the moisture and dirt that gets under their mask. (LVCSO, 17/08/21)

⁶ “This summer I attended many social gatherings and public events [where there...] were thousands of people and [...] I didn't wear a mask nor did anybody I was around wore a mask. We were all perfectly fine”, LVCSO, 17/08/21.

In these two excerpts, the speakers, a guidance counselor excerpt (r) and a nurse in excerpt (s), emphasize the knowledge they are privy to (“I know how important this is” and “Do you know what impetigo is?”) because of their professions. However, notwithstanding their professional experience, their claims are largely false. Recent research has debunked the speaker of excerpt (r)’s claim that “there is no way a child can learn socially or emotionally” with masks, and has agreed that face covering use is feasible even with children with autism spectrum and attention-deficit disorders (e.g., Aaronson *et al.* 2021). With reference to excerpt (s), while some studies have indeed raised safety concerns regarding prolonged mask-wearing (e.g., Aerts *et al.* 2020, Muley 2020), the benefits of masks in the mitigation of disease transmission are now widely accepted in the global medical community.

The anti-mask activists who spoke at Board of Education meetings also supported their standpoint with “reference to authorities considered to be or passed off as being competent, superior, sacrosanct, unimpeachable and so on” (Reisigl, Wodak 2001; p. 72). Dr. Fauci, a recognized expert on infectious diseases, was repeatedly cited. However, these citations drew on Dr. Fauci’s initial statements on the inefficiency of masks⁷, a stance which he later reversed, and conspiracy theories that falsely attributed words to him.⁸ In the attempt to back their position that COVID-19 does not exist⁹ and masks are therefore unnecessary, one speaker read a detailed email that a man named Adam Gaertner wrote to Dr. Fauci, though Gaertner is not a medical expert (Rouan 2020). These appeals to authority are therefore fallacious because they refer to unqualified individuals (like Gaertner) and inaccurate quotations of competent experts.

In arguing that a small number of children had fallen ill with COVID-19, speakers also provided statistics and other numerical evidence. For instance, one speaker at the Smithtown Central School District Board of Education meeting declared: “children are not super spreaders. They have a statistically 0% chance of death or serious illness from COVID” (03/08/21). The reference to a specific percentage is a legitimization strategy that enhances credibility since “numbers and statistics are the primary means in our culture to persuasively display objectivity. They represent the facts

⁷ “[In] February of 2020 [Dr. Fauci] wrote this [...] The typical mask you buy in the drugstore is not really effective in keeping out the virus which is small enough to pass through the material” (MSD, 8/18/21).

⁸ “Dr Fauci did a study on the Spanish flu of 1918 and he said: ‘We discovered that people didn’t die of the Spanish flu in 1918 what they died of was wearing the mask and developing bacterial pneumonia’” (MSD, 8/18/21).

⁹ “We had this fake lockdown and nobody has been able to isolate the virus that doesn’t exist” (MSD, 8/18/21).

against mere opinion and impression” (van Dijk 2000, p. 222). In addition to making the speaker sound more credible and objective, this use of numbers can be seen as an inverse *topos* of numbers. If the *topos* of numbers argues something is dangerous because of large numbers (Reisigl, Wodak 2001), then citing low numbers argues that something – in this case COVID-19 – is not dangerous, and donning masks is not warranted. However, speakers also resorted to numbers to substantiate baseless claims, as in the following: “more data exists supporting the harm the mask wearing [causes] the children and the 2% decrease in cases” (SCSD, 03/08/21).

5.2.3. *Masks and Vaccines*

Although we might have expected frequent manifestations of vaccine-skepticism, only one of fifteen speakers expressed an anti-vaccine stance. Instead, four anti-mask speakers argued against mask mandates by placing the onus on adults who have not been vaccinated against COVID-19.

In all, anti-mask advocates speaking at Board of Education meetings relied on the *topoi* of fear and numbers to argue that mask mandates were grave violations of liberties. A recurrent strategy utilized by speakers to legitimize their anti-mask stance was to occasion either their professional roles or experiences or the statements and views of ‘experts’ with varying degrees of qualifications. These argumentation moves were fallacious because they backed false claims, cited unqualified individuals or reported inaccurate quotations and uncorroborated data.

6. Discussion and Conclusions

On 14 January 2022, the CDC released a statement that declared that “masking is a critical public health tool to prevent the spread of COVID-19, and it is important to remember that any mask is better than no mask”. This unequivocal and unwavering pro-mask declaration differs starkly from the muddled messages about masking emanating from officials at the start of 2020. Indeed, the start of the COVID-19 pandemic was marred by uncertainty and confused the public’s understanding of the utility of masks. This fueled a heated debate concerning mask-wearing and led to the proliferation of disinformation and CTs that emerged at the onset of the pandemic and continued to thrive throughout the COVID-19 era.

This paper aimed to provide insights into the discourses of different anti-mask activists using different media who were addressing different audiences. In contrast with the conflicting nature of health messaging in the first months of the health emergency, the first actor, conservative radio host

Rush Limbaugh, became a ‘trusted expert’ who conveyed a consistent message: COVID-19 was a mild virus instrumentalized for nefarious reasons by institutions and groups for financial and political aims. Although Limbaugh drew on false data, flawed logic, outdated remarks, and CTs, he neatly organized his narrative around the theme of fear, for which masks served as the most powerful and visible symbol. As masks were assigned this symbolic meaning, the radio host chipped away at the belief in the actual utility of these medical tools to protect oneself and others from the virus. He created ‘alternative truths’ to the medical and epidemiological purpose of masks, facilitating the propagation and acceptance of further conspiratorial beliefs not only related to how they are deployed for political manipulation but also to their adverse effects on wearers.

The analysis of how online users and speakers at Board of Education meetings justified their opposition to school-based mask mandates suggests that they were resonant with and likely influenced by the renowned radio host, whose episodes about masks aired the year prior. Online users and speakers formulated their arguments in starkly exaggerated terms, such as stating that masking is a form of child abuse and an affront to human dignity. These agents drew on similar (de)legitimization strategies and fallacious argumentation used by Limbaugh, such as appealing to unqualified or misquoted ‘expert’ voices, citing articles from conspiratorial publications or debunked sources, and relying on the topos of threat to alert listeners and readers that the mask endangers health, puts liberties in peril, and traumatizes school-age children. Like the radio host, they ignored the scientific consensus, rejected the view of mask as a useful medical tool, and occasioned conspiratorial beliefs that the mask was instrumentalized by institutions to claim power and exert control. Interestingly, only some commenters and speakers joined conspiratorial beliefs related to the vaccines to their mask argument, with a majority stating that the effectiveness of inoculations makes masks unnecessary. Also, while Rush Limbaugh suggested that individuals who believed institutional messaging were unAmerican, a speaker at a Board of Education meeting situated mask opposition within the American tradition of civil disobedience.

The similarity in the strategies used and the content contained in the discourses of these different sets of actors indicates that CTs and disinformation have common characteristics, as identified in Fuchs (2021), and likely suggests that ‘trusted experts’ like Rush Limbaugh were pivotal in the formulation and dissemination of falsehoods about masks. Together, these actors put forth the notion that unlike their opponents, anti-masks activists are ‘in the know’ and not subject to what they view as the disinformation promulgated by mainstream media. They held that, since masks are an inefficient and useless tool to contain the spread or protect the populace from

COVID-19, it followed that the recommendation to wear masks was not a protective expedient but a measure put into place for other – political and/or ideological – reasons. They shared the attempt to denormalize the dominant, science-based framing of mask mandates as a science- and research-based health recommendation in favor of a narrative that propagates the nefarious aims of governmental, scientific, and mediatic institutions.

This paper opened with the words of former National Institutes of Health director Dr. Francis Collins who noted that “a hyperpolarized, politicized view” fractured the United States, impacted public health, and has been “ruinous.” Conspiratorial claims are ideological and conceal the facts (Fuchs 2021). Opponents of protection measures such as mask mandates do not only endanger their lives but also the lives of others. One in five American adults said wearing a face mask was “harmful” in September 2020 (Hamel *et al.* 2020), and poignantly, the politically powerless are more likely to believe CTs and they are less likely to embrace public health recommendations such as mask wearing (Romer and Jamieson 2020), with obvious implications on health outcomes. While it is likely, as Dr. Collins holds, that “history will judge harshly those people who have continued to defocus the effort and focus on conspiracies and things that are demonstrably false”, a better understanding of CTs and disinformation can give us the tools to recognize, dismantle, and counteract these falsehoods, beginning from influential sources who act as ‘trusted experts’, and to safeguard health and wellbeing for all.

Bionote: Jacqueline Aiello, a tenure-track researcher at the University of Ferrara, earned her doctorate in Multilingual and Multicultural Studies from New York University. She is the recipient of a Fulbright ETA grant (2008) and two NYU Global Research Initiative Fellowships (2013, 2014). She is the author of *Negotiating Englishes and English-speaking Identities* (2018, Routledge), for which she was awarded the 2019 AIA Junior Book Prize, and a forthcoming book entitled *The Discursive Construction of the Modern Political Self* (2022, Routledge). Her research interests include language and identity, language and power, language ownership, and political discourse.

Author’s address: jacqueline.aiello@unife.it

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