The Big Pharma conspiracy theory

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Abstract

This essay outlines the broad themes of the conspiracy theory that pharmaceutical companies, regulators, politicians, and others are secretly working in consort against the public interest. This so-called Big Pharma conspiracy theory shares a number of features with other conspiracy narratives, but some features make this particular subgenre of conspiracy theory especially intractable and dangerous.

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The so-called Big Pharma conspiracy theory shares a number of features with all other conspiracy theories. First, it shares the same basic plot: a relatively small number of people are working in secret against the public good. Second is a belief that most people are ignorant of the truth and that only a small number of people with secret or suppressed knowledge (the conspiracy theorists) know the real score. Third is the conspiracy theorists’ backward approach to evidence: lack of evidence for the conspiracy is evidence for the conspiracy, as is any disconfirming evidence. Lastly, the way supposedly confirmatory evidence is handled capitalizes on common mental shortcuts, misperceptions, and non-rational cues, which make the conspiracy theories all the more memorable, compelling, and contagious. This maddening mixture of mistakes makes conspiracy theories very difficult to combat.

Big Pharma conspiracy theories, however, in all their variety, constitute their own genre within the larger category of conspiratorial narratives. In much the same way that the gothic novel has its own conventions (for example, a heroine imprisoned, set in a dark old spooky house riddled with hidden passages, and hints of the paranormal), the Big Pharma conspiracy theory has a number of conventions that set it apart from other conspiracy theories. In this case, the villain is the Pharmaceutical Industry. It’s not the actual pharmaceutical industry; rather it is the pharmaceutical industry as they imagine it. In these stories, ‘Big Pharma’ is shorthand for an abstract entity comprised of corporations, regulators, NGOs, politicians, and often physicians, all with a finger in the trillion-dollar prescription pharmaceutical pie. Eliding all of these separate entities into a monolithic agent of evil allows the conspiracy theorist to mistakenly ignore the complex and conflicting interests that they represent. This agent is, as are all antagonists in conspiratorial narratives, improbably powerful, competent, and craven, and it allows the conspiracy theorist to cast himself in the role of crusader and defender of a way of life, a Manichean dichotomy that was identified in Richard Hofstadter’s classic treatise on America’s recurring conspiracism, ‘The Paranoid Style in American Politics’.1

Like many conspiracy theories, there may be real tangible facts that undergird the elaborate conspiracy theory. For instance, pharmaceuticals have side effects, many of which are unpleasant, some of which can be fatal. This basic fact of pharmacology, however, has become the basis of blanket claims about the universal dangerousness of pharmaceutical products. Additionally, not all medical interventions are successful, and in our litigious culture people often seem to not understand that sometimes adverse outcomes occur when everything is done correctly. Nowhere are these ideas more prevalent than in conspiracy theories involving cancer treatments. Cancer treatments are often invasive and dangerous, and while the best practices, in the aggregate, improve outcomes for patients, they can still be unpleasant, even traumatic. They may fail certain patients entirely, so that a patient may experience all of the side effects of a treatment and none of the hoped-for benefits. To the conspiracist, ubiquitous advertisements by pharmaceutical companies become ‘mind control’ or ‘brainwashing’, while industry lobbying becomes ‘corruption’.
Conspiracy theories may be a way to reassure oneself that there is an order to our lives, that calamity and disaster are not meaningless or random.\(^2\) This in turn enables people to identify an enemy to fight. When patients (and their loved ones) are forced to accept a serious disease, they often experience powerlessness, especially when no cure is available. This may itself trigger a search for a culprit to blame for their suffering. Big Pharma is a convenient target and is often imagined as withholding a cure. Indeed, a major premise of the Big Pharma conspiracy theory is the ‘cui bono’ fallacy: he who benefits from misfortune must be the cause of that misfortune. Such logic has been used in other, non-medical conspiracy theories: Franklin D Roosevelt got the war he wanted, therefore, he was behind the Japanese attack on Pearl Harbour; George W Bush and his handlers wanted to go to war in the Middle East, so they brought down the World Trade Centre as a pretence to invade Iraq; European Jews were de-ghettoized as Napoleon swept across the continent—they must have been behind the revolution that led to his ascent to power.

In the case of the Big Pharma conspiracy theory, cui bono reasoning appears in a pair of often-levelled charges. The more common charge is that a cure is being withheld to keep people on more expensive, less effective medical regimes. In the case of cancer, the cheap, easy, and ‘natural’ suppressed cures range from baking soda, to marijuana, to vitamins, to apricot kernels (which are banned because the amygdalin they contain breaks down into hydrogen cyanide).\(^3\) The more extreme charge is that diseases are deliberately manufactured molecule-by-molecule or weaponised in labs and released onto the populace in order to give companies an excuse to sell medications. One such high-profile accusation of this, I think, was during the 2009 H1N1 swine flu outbreak. Mike Adams, an inexplicably popular online health guru (he calls himself the ‘Health Ranger’) who advocates nearly everything received by Andrew Wakefield’s entirely fraudulent 1998 Lancet article linking the MMR vaccine to autism (withdrawn by the journal in 2011), childhood vaccination rates plummeted below levels needed to support community immunity in many areas, and children started to contract diseases that many younger physicians had never seen. The resilience of the conspiracy theory targeting vaccine manufacturers and researchers can be seen in the fact that it persists despite over a dozen studies demonstrating otherwise, including one Cochrane review that had a sample size of about 14.7 million children.\(^5\) The theory is as popular as ever and is still pushed by the likes of Jenny McCarthy, Generation Rescue, and innumerable alternative medicine practitioners. Fear, it seems, is more contagious than reason.

Don’t you know the swine flu was made by man
Pharmaceutical scam
[…]
All you parents grab your kids
And shoot ‘em up just like guinea pigs,
Inject your teens and your babies in the crib;
And when they get paralyzed,
That’s when you realize
There’s no way to undo what you did.

The big drug companies are makin’ a killing
Collectin’ the billions and gettin’ away like a
James Bond villain
Cause they’re willin’ to do almost anything
Just to make money with the flu vaccine.

Adams actually embraces both cui bono claims, that all you need is vitamin D to ward off the swine flu (but that drug companies can’t charge as much for it) and that the flu was manufactured in order to sell the vaccine. He also manages to invoke a global depopulation conspiracy alongside creating a market for vaccines: two agendas that are hard to reconcile, as one involves killing people and the other saving as many people as possible by selling them vaccines. This is a typical feature of conspiracist thought – a 2012 study by Wood, Douglas, and Sutton found that the ‘endorsement of mutually incompatible conspiracy theories are positively correlated’.\(^4\)

Anti-vaccine conspiracy theories play on many of the same fears that run-of-the-mill Big Pharma conspiracy theories do – including fears over side effects, ‘unnatural’ substances in them and a general suspicion of the profit motive in health care – but these theories are often supercharged by the fears of parents. Parents who believe that their children are ‘vaccine-damaged’ and who are struggling to understand and assign blame for an intractable, life-changing disease with no cure, have created one of the most stubborn and dangerous conspiracy theories. Following the widespread attention received by Andrew Wakefield’s entirely fraudulent 1998 Lancet article linking the MMR vaccine to autism (withdrawn by the journal in 2011), childhood vaccination rates plummeted below levels needed to support community immunity in many areas, and children started to contract diseases that many younger physicians had never seen. The resilience of the conspiracy theory targeting vaccine manufacturers and researchers can be seen in the fact that it persists despite over a dozen studies demonstrating otherwise, including one Cochrane review that had a sample size of about 14.7 million children.\(^5\) The theory is as popular as ever and is still pushed by the likes of Jenny McCarthy, Generation Rescue, and innumerable alternative medicine practitioners. Fear, it seems, is more contagious than reason.

So, what can be done to combat the Big Pharma conspiracy theory? Sadly, the theory will always be around because peddlers of alternative medicine find Big Pharma to be a useful adversary in their quest to sell their questionable remedies and because of the role that belief plays in people’s lives. Furthermore, once the theory has taken root in someone’s mind,
it’s often impossible to dislodge it, as the conspiracy theory turns those who argue against it into ‘paid shills’ or ‘sheeple’. It is best to catch people before they fall into conspiratorial beliefs. Secrecy and ignorance beget conspiracy theories; they are best combated by education and transparency.

References

Author information
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Fun with medical studies
What a shame this study has finished, as judging by the protocol I would have quite liked to have enrolled…

‘Applications will be done by massage until complete penetration by the medical staff’.

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