Online Event

“Trusting a COVID-19 Vaccine: The Role of the Media and Misinformation”

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FEATURING:
Johnny Heald,
Chief Executive Officer, ORB International

David A. Broniatowski,
Associate Professor of Engineering Management and Systems Engineering and Associate Director, Institute for Data, Democracy, and Politics, The George Washington University

Sarah Shirazyan,
Content Policy Manager, Facebook Inc.; Lecturer in Law, Stanford Law School

Heidi J. Larson,
Professor of Anthropology, Risk, and Decision Science and Director, Vaccine Confidence Project, London School of Hygiene & Tropical Medicine

CSIS EXPERTS:
Katherine E. Bliss,
Senior Fellow, Global Health Policy Center, CSIS

James Andrew Lewis,
Senior Vice President and Director, Strategic Technologies Program, CSIS

J. Stephen Morrison,
Senior Vice President and Director, Global Health Policy Center, CSIS

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Hello. Good morning and welcome to the third in a series of public conversations about vaccine confidence and COVID-19 vaccines in the United States. My name is Katherine Bliss and I’m a senior fellow with the CSIS Global Health Policy Center. I’m directing our current project on vaccine confidence, misinformation, and national security within the COVID context.

Now, in July of 2020 CSIS joined with the London School of Hygiene and Tropical Medicine to convene a bipartisan and international group of experts from public health, cybersecurity, public opinion research, and communications to assess the implications of misinformation and vaccine confidence for U.S. national security within the COVID context. The High-Level Panel on vaccine confidence and misinformation is co-chaired by Steve Morrison, senior vice president at CSIS and director of the Global Health Policy Center, and Heidi Larson, professor of anthropology at the London School and founding director of its vaccine confidence project.

And as the High-Level Panel met virtually over the summer and fall, its members were very clear about three things. First, the low levels of public confidence in COVID vaccines that were being reported over that period represented a clear threat to the potential of the United States to effectively control and recover from the pandemic. Second, that having safe and vaccine – safe and effective vaccines is critical, to be sure, but they must be delivered to the public in a coherent and effective manner to ensure public confidence in them. And third, that addressing the challenges of mis- and disinformation about COVID vaccines requires a multidisciplinary, multipronged approach.

In October, the panel issued a call to action, defining the problems of vaccine confidence and misinformation about vaccines as a national security threat. The call to action outlined five key recommendations. It called for the rapid launch of an independent panel on vaccines and misinformation. It urged national dialogue and innovative approaches to reach diverse and underserved populations with vaccines. It urged more concerted and coordinated activity by mainstream and digital media to stop the spread of misinformation and to accelerate collaboration with health providers to amplify scientific content. It encouraged increased activism by key social and economic sectors to empower people to make informed choices about COVID-19 vaccine. And it emphasized federal reform, including interagency leadership at the National Security Council and increased U.S. support for global immunization partners.
As the panel prepares its final report to be launched at a public event in April, we have initiated a series of public discussions to refer to the call to action’s recommendations. This is the third of those meetings. And it really offers an opportunity to hear from experts on the high-level panel, as well as the panel co-chairs, about the critical steps mainstream and social media can take to address the dissemination of false information about vaccines.

So it was just about a year ago, on January 24th, that the hashtag #plandemic first appeared on Twitter. This was followed by threads speculating that the novel coronavirus – as everyone knows it’s now known as COVID-19 – was either manmade, had been deliberately or accidentally released from a lab, or had not emerged by jumping from animal hosts to human. By February, the World Health Organization, after it had declared a public health emergency but before it had officially called the outbreak a pandemic, declared the circulation of misinformation about the coronavirus to constitute an infodemic. Over the next several months, as the scientific community began to gather and analyze information and as discussion about methods for accelerating the development of vaccines gathered steam, so did speculative stories and social media focused not just on the origins of the virus but also on how it could be transmitted or treated.

Well before new vaccines had even been tested or approved, narratives about their links to everything from microchips and government surveillance to infertility had begun circulating widely – amplified within a social media environment intensified due to lockdowns and extended quarantine. What we know is that these messages travel regionally and globally via communities linked not just by geography, demographic similarities, or political associations, but also by diaspora networks, professional associations, and cultural affinities.

So to understand the current context we’ll begin our discussion today with an overview of the changing public opinion climate. Johnny Heald, chief executive officer of ORB International and vice president at Gallup International will speak. And he has worked with the Vaccine Confidence Project since 2014 to assess the factors that drive public trust and hesitancy – or hesitancy in immunization in countries around the world and has been closely tracking developments in the United States and the United Kingdom over the past year.

I’ll then turn the conversation over to Jim Lewis, senior vice president at CSIS and director of the CSIS Strategic Technologies Program, and also a member of the High-Level Panel, to introduce our next speakers. But before I introduction – or, before I invite Johnny to share some of his recent research, let me remind those of you in the audience that there is a button on the event page that you can click to enter a question or a comment that
will come to the panel in the course of the discussion. But let me invite
Johnny Heald to speak now. Thank you.

Johnny Heald: Thank you very much, Katherine. And good morning to everyone. What I'll try to do now is to share my screen with – I’m a polling guy, so of course I’m going to throw lots of numbers at you. But what I really want to do is to show you what some of the latest data shows on likely vaccine take up. And then really to better understand – if you’re going to talk about misinformation, disinformation, false stories – what is the size of the population in America that could be potentially persuaded, influenced by both credible messages but also by disinformation. And then to show what impact that’s had on a survey we ran with 4,000 people in the states.

So where does the – where does the U.S. sit globally in terms of vaccine take up? So a project we ran with the school – the London School of Hygiene and Tropical Medicine in the summer among 15 countries here shows you that – where the U.S. is, in the bottom half of a list of countries globally. So you’re looking at 65 percent of the population who instinctively would say: Yes, I’d take the COVID vaccine. And in a very similar study but on a larger scale we ran a project in November and had almost an identical figure. You can see with – the U.S. is 66 percent. So consistently we’re seeing roughly about two-thirds of people instinctively on a yes-or-no basis saying that they would take the vaccine, and one third they wouldn’t.

And I guess if you don’t remember any other numbers from the presentation, the magic number, the one number we need to bear in mind with all this work going forward is that if you listen to the scientists, the epidemiologists, we need a minimum – a minimum 65 percent uptake of the vaccine for it to achieve what it’s designed to achieve. So you can see straightaway from two surveys I’ve shown you there that we are right on the edge of it being able to achieve what it’s designed to achieve, and therefore us being allowed to get back to some kind of normality, for the economy to start running again.

And that slide there shows you very clearly, actually, you know, yes it’s around the cusp in the U.S., but look at the problem within the EU. We know France, for example, persistently over multiple projects we’ve done with the Vaccine Confidence Project, is a very low take up country. But you can see in that example from 32 countries, it’s very much an EU and a Western problem.

Has it got better, or has it got worse since those projects we ran in the summer? I don’t think it’s necessarily got better. In a project we ran, in this case 2,500 interviews, in the U.S. – the gray bar being June and the red bar being November – you can actually see this slight fall from 65 to 54 on a yes-or-no situation. And in those five countries, in all of them, there was a
fall between wave one and wave two on the yes-or-no question about whether or not you would take the vaccine.

But I think one of the things – it’s kind of not a black-and-white, yes-or-no issue. Those kind of questions failed to properly calculate the percentage of the population who are unsure, the percentage of the population in an election, for example, who we would say were undecided. And therefore, the percentage of the population who are vulnerable, who are susceptible to both disinformation and also credible information trying to reinforce vaccines.

So what impact does information have on take up? We ran a very interesting project with the Vaccine Confidence Project where we polled 4,000 people in the U.S. and 4,000 people in the U.K. And we asked them how likely they would be to take the COVID vaccine before, then showing them pieces of false information. The regular false information, not far, far, far off stuff. The kind of stuff that you, your friends in your mum's groups, sports, groups, WhatsApp, et cetera, are probably receiving or seeing.

This is a slightly complicated chart but bear with me. The U.S. figures are in pink. The U.K. is in blue. So what it shows you first of all, if you look at column A, pre-exposure. So when you try to quantify the percentage of the population who are, let’s say, vulnerable, soft in their decision, you have as many people who are unsure about whether or not they’ll take this vaccine – 43 percent in the U.S. – as who definitely will take it. And remember, going back to the magic number, 65 percent.

So you can see at 43 percent there’s a lot of people who are seeking information, who are seeking reassurances. We know statistically it’s significantly more likely to be unsure among the female population, for example. We know there are certain groups, and demographic groups, certain religious groups, who are less likely to want to take the vaccine, or certainly need reassurance. By way of an example, probably in the last presidential election you probably had somewhere around about 10 percent of the population who are unsure possibly how they were going to vote. The year out, you probably have about 20, maximum 25 percent of the population who are unsure how they’re going to vote.

Forty-three percent’s a big number though that can be influenced. And what you can see in column B that then having exposed them to five pieces of regular disinformation and then asking them the same question about how likely they would be to take the vaccine you can see the bottom two boxes jumped from 27 percent to 31 percent. So what we’re trying to show here is that at 65 percent we’re on a knife edge anyway. And yet, by exposing people to disinformation we are chipping away at that.
And I think it’s – the final slide I’ll share with you is I think it’s fair to say this is a – this is having – disinformation is having an impact globally. We’ve just finished with a school project for CDC Africa, where we spoke with 15,000 people across 15 countries in Africa. And even there you can see – look at the percentage of the population on the left-hand side across 15 countries who agree with those statements. One in two people in Africa agree that COVID-19 is a planned event by a foreign actor. Even one in four people believe the 5G story. And on the right-hand side you can see there’s a significant difference in take up – reported take up of the vaccine between people who don’t believe those conspiracy theories and people who do believe them.

So the size of the market is large that are persuadable. COVID is different, in that that size is very, very large, that we are vaccinating adults. We’re not vaccinating children, so we don’t have the luxury of saying we will withhold your tax credits unless your kids are vaccinated, you know, you can’t come to school, et cetera. We have a brand-new vaccine that’s been produced in record time. We know through all the polling that it’s not the importance of the vaccine, it’s not really the effectiveness. It’s the perception around the safety.

So produced in record time. Produced in China. Produced in Russia. Produced in America. Produced in the U.K. Produced in Italy. Multiple countries manufacturing the virus. We have two shots. You know, are you four weeks, six weeks, eight weeks, 12 weeks even here now between the first shot and the second shot. There’s a lot that can happen between the first shot and the second shot. You know, you have one in the end of December in the U.S. You then see what happened to Hank Aaron and the misinformation that was spread as a result of that, do you go back for your second vaccine?

And then the final – the final difference, I think, with this and previous vaccines is the disinformation that’s being spread. The fact is that, yes, you have people running alternative lifestyles and veganism, et cetera, beginning to influence people. Do you want to put a chemical inside yourself? But you also have slightly more sinister state actors targeting disaffected communities in the U.S. I’ve just finished watching a BBC four-part series called The Trump Show. The one word they kept talking about was division.

Yes, we’re beginning to heal division, but we have to recognize that Russia is always trying to spread distrust with the U.S. government. And they’ll use vaccines. China has actually started to highly publicize sending medical professionals and equipment to China. The counternarrative from China is that they are the solution. And the polling in Africa, the polling in the Middle East, the stuff we’re doing in Iraq and places like that, shows that
now people have a more favorable view towards China and think that China is the solution, than say – than other countries.

So that’s my five minutes’ worth. You need 65 percent. You’re at 40 percent here unsure. And there’s a lot of disinformation that’s having a negative impact. Thank you.

Katherine E. Bliss: So let me turn it over now to Jim Lewis, senior vice president at CSIS and director of the Strategic Technology Policy Program, to introduce our next speakers and moderate a conversation also with our co-chairs.

James Andrew Lewis: Thank you, Katherine. And good morning or good afternoon to everyone who’s watching. I’m just going to make some short opening remarks.

The political effect of the internet is really interesting. And one of those effects is that it allows many competing narratives. Yet, at the same time it’s not a marketplace of idea. The concept from a century ago that the truth would win out. And maybe that will happen, but it’s not happening at the same pace that might have occurred before the internet.

So what we will look at today, one of the things we’ll discuss is how better to counter false information, how to encourage vaccination. Do we avoid calling attention to the dollars and to the misinformation or disinformation or falsehood? Do we restrict ourselves to a calm recitation of fact? Or do we challenge falsehood more assertively? It’s important to understand the roots of public concern, right, and to think about practical steps as we move towards encouraging people to be amenable to being vaccinated. This is not a debate we probably would have had to have 20 years ago, but it’s a debate we have to have now.

To do that, we have two speakers who will cover this topic.

The first is David Broniatowski, who’s the associate professor of engineering management and systems engineering and the associate director of the Institute for Data, Democracy, and Politics at The George Washington University. He conducts research into decision making, behavioral epidemiology. And his current projects include network analysis for the FDA and using Twitter data to conduct surveillance of influenza infection – something that I know that works. We always – when I was in a project that did this, we were always amazed that people would take time out to tweet things like, hmm, red spots on arms. (Laughs.) So a very interesting topic to look at.

Our second speaker will be Dr. Sarah Shirazyan, who’s the content policy manager at Facebook and a lecturer in law at Stanford Law School. She manages the team responsible for writing and interpreting Facebook’s
global policies governing what users could share on the platform. I’m sure she’s coming off of a very busy time, right? And she leads the company’s efforts on stakeholder engagement for developing misinformation and ranking policies, including on vaccine and health misinformation policy. She’s also a lecturer, I think I said that already, at Stanford.

So both of these people are vastly experienced, have done some great research. So let me start with David. Over to you, if you could talk seven minutes or so, that would be great.

David Broniatowski: Sure, absolutely. And thank you so much for having me. The last talk that we just saw I think really underscores the dangers of vaccine mis- and disinformation, and really highlights the way in which this particular issue is especially relevant when it comes to epidemiology and when it comes to the spread of – you know, of viral diseases. Of course, we hear a lot about misinformation and disinformation – (coughs) – excuse me – in the context of politics. But I think that there is something that is fundamentally different when it comes to epidemiology.

And that is that – so this concept of herd immunity that is really a threshold kind of phenomenon. Either you are on the right side of herd immunity which means ultimately the epidemic will die out, or you’re on the wrong side – in which case, ultimately the epidemic becomes a pandemic. And if the number is – for the sake of argument – 65 percent, well, then 64 percent won’t get you there, and 66 percent will.

And so it really highlights that even though mis- and disinformation may seem to have what seems like a small effect – if you look, for example, the numbers that we just saw. Twenty-even percent saying they won’t vaccinating to 30 percent they won’t. Well, that’s only 3 percent. That seems on the surface like it’s not very big. But when you take that into account in combination with this concept of herd immunity, that’s all the difference in the world. And I – that’s something that we really have to keep in mind because there are people who might question: Well, is misinformation really a problem, or isn’t it?

So with that context in mind what I’d like to do is talk a little bit, briefly, about some of our findings from multiple different social media platforms regarding this infodemic, as the World Health Organization has declared it. And so, as we have heard, the World Health Organization – (inaudible, technical difficulties) – that there’s an infodemic, and they expressed significant concern about malicious content online – not just malicious content, but simply the volume of content. Nevertheless, there is a lot of concern especially about what is being called a mis-infodemic, or misinformation.
So it’s not just that there’s a lot of stuff, but that there’s a lot of wrong stuff. There’s a lot of bad stuff. And so we wanted to ask the question: How does this actually compare to other health topics? We are all paying more attention because of the pandemic, but how does this compare to what we’ve simply been seeing for the last several years around other health issues? And of course, we looked into other related topics, such as the role of state-sponsored propaganda outlets. And the question to what extent you can really automate the detection. Right now, a lot of attempts to automate the detection of misinformation really focus on figuring out where is it coming from rather than the actual content of the misinformation.

So we looked at over 500 million posts. Essentially, every post on Twitter that had one of three hashtags pertaining to the coronavirus, as well as posts from Facebook’s CrowdTangle service, which are Facebook public pages and groups, between March 8th and May 1st, 2020. So the results here we thought were rather interesting. First of all, is there an infodemic? Yes, there is. This blue bar over here represents all posts on Twitter containing one of these three coronavirus hashtags. This blue bar over here is all other health related posts. And then this blue bar over here are vaccine-related posts in 2020. So we see that the coronavirus – three hashtags about the coronavirus is vastly overwhelming roughly 65 different key words about vaccines and is about half of what you’re seeing for about 250 different health-related posts. So there is a lot of stuff out there.

However, we wanted to know to what extent is this content likely to reflect – to reflect non-credible sources? So we did something of a deeper dive. And what we found surprised us. First of all, I just sort of want to talk you through this graph a little bit. Green represents links to sources that have been determined to be credible, in the sense that they’re either academic or government sources, or they reflect what’s widely considered to be a high standard of journalistic reporting. On the contrary, red represents known conspiracy sites and what we’re calling not credible sites – sites that tend to spread conspiracies, or in many cases propaganda. Yellow here is sort of the middle, right? That can’t be classified in either.

And importantly, this black box over here represents a wide range of posts that simply cannot be categorized because, in many cases, it’s user generated. You might have links to other social media platforms, such as YouTube. We don’t know if it’s credible or not just by looking at YouTube.com. Or it might be a link to Amazon.com. Or it might be a link to a website that’s not common enough to have been rated. So one of the things that we see, just to start off with, is that messages about COVID – regardless of platform – are actually more likely to be credible – they’re more likely to come from a credible source than messages about other
health topics. And messages about COVID are less likely to come from a non-credible source.

So that was surprising, right? This idea of the mis-infodemic as fundamentally being about people spreading conspiracy theories actually doesn’t seem to be consistent with the data of what we’re seeing out there. There's also a large chunk of these unrated sources but, again, it’s smaller than what we see for other health topics. And so that sort of stood out as kind of surprising to us. And I’ll talk a little bit about how do we interpret this in a minute.

The next thing that we wanted to do was we wanted to look at to what extent were state-sponsored sources being shared? And so we put together a list of state-sponsored sources and the countries that they were coming from. And what jumped out from us over here was that, first of all, non-state sponsored sources – which is to say, low credibility sources that are sort of the usual suspects for vaccine misinformation and health misinformation – were actually less likely to tweet about COVID than they were about other health topics. However, state-sponsored sources – in particular from Iran, that's this one up here, and then China which is these yellow ones over here, and a couple sources as well from Russia, and Saudi Arabia, and Qatar – were all more likely to have links on Twitter about COVID than they were about other health topics.

But this did not replicate on Facebook. So that actually suggests the extent to which this is dependent on the specific platform. It may be that these state-sponsored sources are able to use one platform more effectively than another. Or, at least the people who are posting these messages are able to do so. And I want to point out that Twitter in particular affords certain kinds of artificial amplification that Facebook makes it harder to do, whereas Facebook is subject to other concerns.

And the last thing that I want to mention before I run out of time here is we did a deeper dive now into – into mentions of 5G wireless, which is one of the conspiracy theories that has been studied in depth – as well as mentions of hydroxychloroquine. And the real why we mentioned hydroxychloroquine is because this is an issue of actual scientific uncertainty at the time of our study. We didn’t have good scientific data one way or another as to whether or not it worked. And on the other hand, there was a plausible biological mechanism that turned out not to stand up in clinical trials.

So what do we see over here? Compared to all their COVID messages, messages about hydroxychloroquine were more likely to come from this intermediate, less-credible news source. So that's kind of interesting. That intermediate is not, strictly speaking, misinformation. It simply tends to be
partisan, OK? Now, of course, that may be to some degree an artifact of hydroxychloroquine. But we do see that there’s less stuff coming from the – you know, the unrated sources. And in the case of Twitter, we actually see more stuff coming from the credible sources.

On the other hand, when we see discussions about 5G wireless, it’s mostly coming from that big black box. So discussions about 5G wireless, yes, is more likely to come from the red conspiracy theory sites. But predominantly comes from these social media platforms and actually, in the case of Facebook Pages, comes from podcasts. It’s user-generated content. It’s not – it’s not clearly identifiable conspiracy theory sites. Which means that there may be some kind of rerouting, or perhaps laundering. People may be trying to get these conspiracy theories out through user-generated content. And so I think we can’t neglect the extent to which the internet affords this kind of behavior and makes it difficult to track who is spreading this content.

And with that, I realize I’m running a little short on time. So I’ll stop there and happy to take some questions afterwards.

James Andrew Lewis: Great. Thank you, David. That was really interesting divisions here. And I still – the contrast between Twitter and Facebook might be something we want to talk about later on.

But before we do that, let me turn to Sarah, who is from Facebook. So, Sarah, please.

Sarah Shirazyan: Thank you. And thank you for having me today and for facilitating this timely conversation about boosting public confidence in vaccines.

So I think I’m going to start by stating the obvious, that is we are in a global crisis, and in an ongoing one. And we know that any crisis event creates lots of anxiety and ambiguity. And when people are faced with anxiety and ambiguity, they look for information to find answers. They turn to government. They turn to health officials, to mainstream media, but also to their informal networks like friends, family, social media, of course, search engines. And all of these sources can harbor vaccine misinformation.

So one way to really address vaccine misinformation, in other words to say to prevent vaccine rumors from spreading, is try to mitigate that ambiguity that people are seeing. And we saw both in Johnny’s and in David’s presentation that there is a lot of demand. People are looking for answers. And to mitigate that ambiguity by providing relevant and accurate information. And that really is something that was at the core of our strategy to respond to this pandemic, including to boost vaccine confidence.
but also to respond to health and vaccine misinformation. And I wanted to talk a little bit about how we’re approaching this.

I should start by saying in my role I engage with a lot of experts. And I wanted to say, the first people I talked to was Heidi and David. So I really appreciate their wisdom and insights throughout this entire process, in giving always good advice. And one thing we’ve learned in our conversation, again, was the importance of amplifying that accurate information. And I think, David, your research also shows how much credible information is out there about COVID. And also, importance of elevating more information about vaccines to help sway vaccine-hesitant individuals.

And as such, our strategy essentially has two parts. One is, to amplify the content to really connect our users to accurate information. And the second, to stop spreading misinformation, including removing some of the most harmful misinformation from our platform. So let me cover a little bit the first part and the second, and I’m trying to be brief to make sure we have enough time for Q&A.

On the first part, what we have done is, first, we have created a COVID vaccine info hub, which is essentially a centralized resource where we have all the latest and the relevant information and news about how to stay healthy. And we have information from WHO clinical trials and information about vaccine safety in that hub. And secondly, what we are also doing is when people are searching for vaccines in our platforms, or when they’re coming across with groups and pages discussing these topics, we are providing with resources, with the information.

For example, we’ll divert them to WHO or CDC website to help them get the accurate information. And lastly, as we know that vaccination rates have been low and in preparation for vaccines we also started partnering with global health institutions like WHO, UNICEF, and others to help run educational campaigns and to connect as many people as possible to accurate vaccine information. So that’s sort of, like, the first part of our strategy. We’re really focused on connecting people to accurate resources and information.

The second part is how we address misinformation. So how we stop that from spreading. And that – and here we rely on our misinformation policy, which has sort of three parts – remove, reduce, and inform. Again, when I was having a lot of conversation with the experts, including those in APAC and Sub-Saharan Africa, what we’ve heard is there are certain types of false misinformation that is actually really dangerous. So with that in mind, we are removing certain types of false information around vaccines, specifically related to, for example, the safety, efficacy, side effects,
ingredients, and some vaccine conspiracy theories. And we're doing so also in consultation with health experts and health institutions.

But we also know there are other types of misinformation that may not sort of rise to that level of physical harm – put people at the physical – at imminent physical harm but is still problematic. In that case, what we're doing is working with our third-party factcheckers so they can help review and rate the content. But also there are publicly verified vaccine hoaxes that WHO and CDC put forward. So we will both reduce those in our platform so less people will be seeing that content.

And I think one part that is really important is to be careful how we are balancing short of, like, safety and also freedom of expression. If we completely get rid of all types of vaccine misinformation or vaccine debate, let's put it this way, then we'll create a more conspiratorial environment where people will start to be less confident in vaccines and they will feel that there is something more conspiratorial going on. So it's really, really important – that's something that we've heard – is to try to allow that public debate, especially when it comes to equitable access and distribution of vaccines.

So let me just sort of summarize all of this and say that one thing that we've learned from our work is that the value of providing information – accurate information to our users, and to – and to really help them divert to health resources. So for example, we have 2 billion people who have been able to consume to – to be directed to health resources on our platform. And also, if you look at our educational popups, over 500 million people actually click to learn more. So there is real value to try to bring that kind of information to the users, and to the consumers of our platforms. And of course, as public health officials roll out their vaccination plans, what we're committed to doing is really help our – to use our product and platform to bring more information, accurate information about where to vaccination and how to get vaccinated.

So let me stop there and I'm happy to talk questions. And of course, there is a lot of challenges in all of this strategy that I explained. But happy to just pause there and take questions.

Jim, I think you're on mute.

James Andrew Lewis: The classic line of all Zoom meetings. So thank you, Sarah. That was really interesting, particularly the information on the response to the popups.

Let me now invite Heidi and Steve to join the conversation. We'll wind up this session.
Heidi Larson is a professor of anthropology, risk, and decision science, and director of the Vaccine Confidence Program at the London School of Hygiene and Tropical Medicine. She focuses her research on the analysis of the social and political factors that affect health intervention and influence policies. And her current interest is on risk and rumor management.

Steve Morrison is, of course, my colleague here at CSIS, a senior vice president, the founder of the Global Health Policy Center, and someone who’s led many influential commissions with long experience in the U.S. government and very effective – if I can say so with a little bit of envy.

But, Heidi, let me turn over to you the first few comments. If you could talk for about, you know, five minutes or so on what you’re doing and what you’re seeing. Any reaction to what you’ve heard, Heidi?

Heidi J. Larson: Thanks, Jim. And thanks to Johnny, David, and Sarah, because it’s all really important. And I think what Johnny presented and then David also resonated, the point that this misinformation, disinformation environment, it doesn’t have to be the majority. And this is something that we need to get that message out, that it takes – especially with the wobbliness of current COVID vaccine intent. Not this month but – I mean, I was talking earlier with my colleagues here that I think our challenging time is going to be more late in February and March, when we have more supply, we start to go to the broader population, and the epidemic, inshallah, is fading a little bit, anyway – we start to pull out of the winter congested living situations and phase.

And then – and I really appreciated the way David presented a lot of the data he’s finding which is – resonates, too, with some of our social media analytics. But what I did see and what Sarah picked up on also was the fact that these more motivated anti and disruptive groups are very conscious of where the restrictions are coming in. They are – there are plenty of other places for them to go. It may not get as many people in one go as Facebook or Twitter does, but they find their ways. And the challenge for us – in fact, I was having this conversation. Facebook is doing tremendous – making tremendous efforts in this space, including convening a number of the global partners – U.N. partners and others. And I’m on that group.

And last week we were seeing some presentation of some of the findings. And it all seemed pretty positive. And I hate to be the negative person at the table – (laughs) – or, not negative – but I did say: You need to realize this is not just because of all your good work, which is excellent, but we’re not seeing as much negative because it’s getting taken off. So we’re going to have another – I asked for another meeting when we can look at what has been taking off against – I mean, internally – against what is there, so we
can see is this genuinely a shift in sentiment or is this because the negative or harmful – as Sarah distinguished.

Because it's a very difficult space. This balance that she referred to – I worked on rights in the U.N. for many years. And this fine line between freedom, your right and where it becomes a responsibility to not harm others when your personal choice, that's a fragile line. So I'm not going to speak more, except to say this is a challenge. It's a challenge – we've been doing this monitoring for – in the Vaccine Confidence Project for 10-11 years now. And we're seeing – we initially saw 10 years ago that the debates and sentiments on online news media where we were largely monitoring shifted to social media.

You started – the only place you would really see much on vaccines before COVID came was in the business pages. It really migrated, and 10 years ago – 10, nine, eight years ago, onto social media. Now social media's putting the reins on it, at least the popular ones, and it's going to go partly underground, which is going to make our job and the value of our insights a little more compromised. So we've got different balances here. I'll turn over to Steve. Thank you.

Great. Steve, do you want to go ahead?

Yes. Thank you very much. I want to second the thanks to Johnny, David, Sarah; and also to note that Michaela Simoneau, our colleague, was tremendous in putting all this together with us today; and Katherine Bliss’ leadership.

My comments are trying to put what we’ve heard here into a slightly larger context, which is going to be very American-centric. And I begin with sort of the view that we are at a very extraordinary moment right now. And the question – one of the questions that arises out of this extraordinary moment is: Do we have now an unexpected opportunity to act much more aggressively to defang the anti-vaccine movement in various forms? I’ll leave that question for a moment. Let me just walk through what I think constitute the extraordinary moment that we’re in.

One is obviously the introduction of vaccine, the onset of complicated, problematic, highly uncertain national vaccine programs here and elsewhere. And that stirs, obviously – that makes it very real and very immediate. If we can’t get people to do the uptake, we have a security problem. We’re not going to get out from underneath these multiple concurrent crises at the soonest possible moment, and we’re going to live with uncertainty, and all of the costs associated with that. And that gets us to this question of when and where does herd immunity – when do we
pivot – when can we possibly pivot, and what are the uncertain levers around that, and the multiple barriers that we face?

And inevitably, that conversation comes back to trust, as a critical barrier, and the need for, as we’re seeing with the Biden administration – I’ll say a bit more about the shift out of Trump to Biden and what that represents. But we are seeing now a push suddenly in the last week for a comprehensive strategy coming from the top levels of our government. Set that aside for a moment.

Second dimension, new dimension, is the onset of variants. That could bump the requirement of herd immunity up to 85 percent. So that aggravates – that accentuates the point that David is making, and Johnny also, about how do we – what is the gap going to be? If we have 43 percent – if we have this large uncertain population, we have some – a base of refuseniks, but we have a large portion on the fence and we need to get 85, when and how and how realistic is that? And what does that mean in terms of – I mean, it create an enormous urgency to accelerate vaccination.

And I think what you’ve seen this week in terms of actions taken to secure an additional 200 million doses from Pfizer and Moderna on a crash basis is a reflection of that anxiety and urgency that’s coming from the awareness that we do not have a reliable pathway towards herd immunity today. In fact, we have one that has large holes in at the moment that we need to fill.

The third point I’d say is the January 6th insurrection. The violent, failed assault upon the U.S. Capitol, which was a cataclysmic historic moment that will figure in every history book of the United States henceforth. And that violence, that denialism, that insurrection was based on networks. And it has triggered a change in terms of – a radical and sudden change in the actions not just by tech companies but by others to disrupt the networks, deplatform. And it’s shown striking and immediate, swift results in the – (inaudible). So what do we make of that in the translation possibly to dealing with the forces that are feeding hesitation, lack of trust, lack of confidence on vaccines?

Fourth point, I think, is that tech companies are under massive pressure right now, coming from multiple directions. I won’t go into that, but we’ve seen from Sarah’s presentation that there’s been a sea change. And there’s a strategy. And there’s an active engagement in rethinking. And that is very promising.

The fifth point is that – is the shift out of Trump and into Biden. And I think one point we have not made here is that when you have a president surrounded by his – by a certain cadre who are dedicated to driving falsehoods for a period of four years in this spectrum of health issues and
the response to this pandemic, that we don’t factor that in very much in our strategizing or understanding of how the anti-vaccine movement draws its strength. It drew enormous strength from Trump himself and his enablers inside and outside.

We’ve heard this in the vivid accounts from Deborah Birx and from Tony Fauci in just the past few days. Drawing the curtain down, unshackled, able to talk about the competing flows of information that came to the president unimpeded, and then translated into an incoherent but consistently falsely based set of messages. Now we’re into an administration that is trying to radically and suddenly reverse that phenomenon. So the U.S. has a certain exceptionalism, I think, globally. I’d like to hear what Johnny says about that, or Heidi. Most of these other countries, perhaps Britain is close to this in some respects, I don’t think most countries are going through the extraordinary experience we have in this last regard.

So now we have a Biden strategy that is rather comprehensive, and bold, and ambitious in terms of tackling these problems. And it’s all laid out in a 200-page document, in which there’s, you know, a response coordinator within the White House, regular scientific briefings, engagement strategy with the American people, launching campaigns to build trust, trust positioned as the top goal, data and addressing disinformation – and the federal leads.

So the federal government has now – the federal government is taking this problem set that we’ve been talking about for six months and putting it front and center as its top-line priority. And I think that’s quite extraordinary in terms of the visibility of this, and the detail and granularity, and the way this has been wrapped into 13 executive orders and three memoranda, and one national security directive. I’ll stop there. Thank you.

James Andrew Lewis:

Thanks, Steve.

I would probably note that when I talk to my foreign colleagues, including Chinese and Russian officials, U.S. exceptionalism might be seen as that we’re exceptionally inept. So there was a palpable sense of relief in Washington among the pros on both sides of the aisle when we moved to a much better team. But there’s a lot of work in front of us. So I wouldn’t – I wouldn’t – if we’re going to be exceptional, we’re going to have to prove it again.

There’s some great questions in the chat, and I’m going to try to compress them a little bit into two general themes. When we talk about them – and I’d like all the speakers to engage in this conversation. Johnny, please feel free to jump in. The first one is, unsurprisingly, social media – its role, what
it should be doing, and how the reaction to big tech over the last year in the
U.S. and Europe, in other countries, sort of shapes how we see social media
platforms involving themselves in this discussion.

The other one I thought that was interesting, and maybe we can get to this,
is someone asked: You know, if we have people who are believers in these
conspiracy theories, how do we help them get out of the rabbit hole? What
should we do? So if I could ask each of you to comment. I can call on you to
do things, or we can – maybe I’ll start with David. Either question is fine. If
you want to answer both, we’re coming close – well, it looks like we’re
going to run over. But try and keep your answers concise. Thank you.

David Broniatowski: Sure. So I think I’ll start with the conspiracy theory question. And the first
thing that I – that I want to empathize here is that, yes, there are people
who believe in conspiracy theories. But we should do everything we can
not to help those conspiracy theories. I think to whatever extent that we –
you know, one of the things that we see in the data is just the large extent to
which there are more credible sources out there. And in some of those
cases, those credible sources are reporting on conspiracy theories, giving
them oxygen and amplifying them, perhaps beyond the fringe that they
would have otherwise stayed in.

And you know, the actual conspiracy-peddling sites, you know, they tend to
be relatively limited. And in our data set we collected it as it was put out, so
before it could have been removed. You know, so I think that the key thing
here is that we need a comprehensive strategy in which we have specific
policies regarding under what conditions is it even worth debunking
conspiracy theories versus simply keeping them on the fringe. We don’t
want to give them more oxygen.

Now, to the extent that people do believe in them, of course we do have to
find ways to address that. But I think we need to take a sort of a targeted
and tailored approach there, where perhaps the mass approach, the big
data approach may be – may be much more about preventing their
amplification – preventing them from having a megaphone when everybody
else just has their voice.

James Andrew Lewis: Great. Thank you. Johnny, do you want to give us your views?

Johnny Heald: I can give it to you on the second one, about how do you begin to change
people’s opinions. I think – I mean, if you are nailed onto the view that’s
been spread through disinformation, let’s be honest, it’s going to be very
difficult to get you to change your view. But what you need to do is you
need to start isolating those people from the next group who are flirting
with those messages by countering the narrative pushed by the
James Andrew Lewis: Great. Thank you.

Sarah, I used to call 2019 the year of being mean to Facebook. The good news for you is it’s now generalized to, I think, all the platforms. But maybe you could give us some advice here on both the role of the platforms and how you would best counter disinformation.

Sarah Shirazyan: Sure. I want to actually take on Johnny’s points around communications. And also I will talk about the role of platforms. Let me first address the view or the role of platforms. I think what we’re seeing is really the changing online speech, and the way online speech is changing in terms of both demand and consumption that also affects the way we’re thinking about policies. So our policies are not sort of rigid.

And one thing we’re doing quite a lot is really making sure that we are open to feedback, making sure that we’re listening to experts, but also people who are being affected by our policies and who are using our platforms. So that’s sort of where I see the role of the platforms in terms of being flexible, to some degree, to understand how speech is changing and being responsive with our policies. But also, as Heidi said, it’s really important to get that balance of freedom of expression and safety, right? I mean, this is really, really complicated. And I’m not saying this because it’s my day job, but it really is complicated. (Laughs.)

In terms of sort of like what can we do with the people who believe in conspiracy theories? I think what we’re circling around but we’re not sort of, like, addressing head-on is the demand for this kind of information. I think we also need to think about the demand, why people are really sort of looking for disinformation and try to understand, what are the root cause? And I’m going to put my education hat on for a second. I think it really comes down as a long-term strategy in investing in education, especially in the United States, to really help because of the United States’ exceptionalism. As Steve said, like, if we start here, hopefully that will also translate in other places.

But it’s really critical to rethink how we’re teaching science and data, because if people and broad public doesn’t understand how we arrive to scientific conclusions, then it will be hard to make a difference between science and one’s personal opinion, and people will be vulnerable to these conspiracy theories. And the graphs that David shows, there is a lot of content, but it comes down to also person, role of an individual to try to interpret that content.
And lastly, just to tie it back to Johnny’s point, it’s really critical also to rethink how we’re communicating the information. Because what happens in social media, especially anti-vax community, has a really innovative and engaging way of engaging people. Whereas sort of, like, health institution and government are more science and sort of dry. (Laughs.) And that’s not engaging. That’s not interesting to users. I think that’s also one area we need to invest a lot. Let me pause there. And I know we have maybe two more minutes left, so I’ll turn it over to you, Jim.

James Andrew Lewis:

Thank you. We’ll run over a little bit. I think the point both about looking at the demand side is important for conspiracy theory in general, and also the difficult – and we’ve talked about this in some of our commission meetings – between the more nimble anti-vax community and the sometimes staid official voices.

So, Heidi, I don’t know if we can get your remarks on this. But if you have any views, please tell us.

Heidi J. Larson:

I did have one. (Laughs.) I can’t remember. It’s kind of left me. But I’m sorry. I was trying to hold onto it. I should have – but thank you. I appreciate the comments. If it comes back, it’ll come back. I’m sorry. But I – there’s a lot – I think we need to come back to this rights – this rights issue. I mean, I think it was definitely one of the things that we haven’t tackled. And it’s – I think – I just remembered it. I knew if I kept talking it would come back. (Laughs.)

On Sarah’s comment on the dryness of science. Sorry, I’m glad I caught it. They always say keep trying, right? (Laughs.) Keep trying to find it. Johnny talked about our misinformation study. And we did show a significant impact of exposing people to misinformation on vaccine intent. What Johnny did not mention is that in the 8,000 people – 4,000 in the U.K. – 3,000 were showed the misinformation. But the 1,000 that were shown clear, scientific, fact-based information as our control group on both sides of the pond there, here, it had zero impact – virtually zero impact. It didn’t improve intent, which was pretty low. It was 41 percent in the U.K. – U.S., and 54 percent willingness to take a vaccine in the U.K. It had zero impact in helping improve that. It didn’t bring things down. That’s a good sign. But we have a lot of work to do there.

James Andrew Lewis:

Great. Some of might recall that when the U.S. and a number of European countries negotiated the Budapest Convention on Cyber Crime, we were exceptional in that everyone else was willing to make hate speech a crime and we could not. So there’s a codicil where all the other countries agree to criminalize hate speech. And looking back at that, you know, we do need – to Heidi’s point – to maybe take a look at 18th century notions of rights and how they might need to adjust.
But, David, you wanted to make a quick point, and then we’ll go to Steve.

David Broniatowski: Yeah, thank you very much. So I just wanted to follow up to what both – what both Sarah and Heidi were saying regarding the effect of facts versus, in some cases, conspiracy theories. And I think we really have to focus on what it is that makes conspiracy theories so compelling. Ultimately, we are dealing with a situation where people are scared. There is a lot of uncertainty. And we simply do not know how to make sense of the massive volume of information with which we are being inundated. That fundamentally is what the infodemic is about. It’s we have all this stuff. Maybe too many facts. And we’re being inundated with it.

Conspiracy theories are sort of, you know, abortive or misguided attempts to make sense out of all of – you know, all of these things that we’re seeing, and to put them into one common, causal, meaningful framework. And I think as, you know, government health officials, as scientists, one of the things that we have to do is we have to help people make sense of the world around them. That’s fundamentally what science is about. And simply dumping facts on them is asking a lot of the viewer, because it’s asking them to take the facts and make sense for them. We have to help them connect the dots, because otherwise other people will, and they’ll do it in ways that are harmful.

Heidi J. Larson: And just one – reinforcing what David’s saying fully is we cannot ignore conspiracy. I think there’s a lot – I mean, there’s been way too much – way too much denialism in the public health community about the potential of this growing dissent, and even conspiracy. But it’s capturing far more of the public’s attention, and with public health implications that we really need to get ahead of this. And I think, David, you pinned it well. It’s not about facts in themselves. It’s how we get the story out there.

James Andrew Lewis: If I can go all social science-y for a minute, this is what we might call the disintermediation of content. Whereas as before you had editors and factcheckers. And you can actually check this pretty well by looking at the Flat Earth Society, which was in decline up until the introduction of the internet and social media platforms, and now has an increasing number of adherents. So it’s fun for me because I really like the flat Earth people, but it’s not an encouraging sign.

Steve, let me give you the final word here.

J. Stephen Morrison: Thank you. Thank you very much. And again, thanks to everyone for a very rich conversation. We’ve taken away, I think, quite a bit. At least these – each of the major contributions I felt were quite consistent with one another in revealing the complexity, the scale of – the scale of the problem
that we face at this moment in time, and the need to really be much more aggressive in how we approach these.

I think we’re seeing these actors that spread dissent, denialism, and conspiracy around vaccines. We’re seeing them in a much different light today than we did a year ago. We’re seeing them in a much different light just having gone through January 6th. Here in the United States I think we don’t yet know. We’re so divided. We have the residue of the January 6th where we had a campaign of falsehoods on the election results that are still embraced by a significant portion of our population. How much of that creates a barrier in getting public health messages across?

And the way that the Biden administration is now putting forward this unprecedented proposition that the United States government is going to pick up this challenge and make it a top priority, and speak truthfully, claiming this will have a calming impact, it will have a unifying impact, and it will clean up the marketplace basically around this and push back on conspiracy, denial, and dissent. That proposition’s a live proposition right now, but I think we have an extremely difficult internal environment within the America – among the American people right now that’s – and we haven’t seen the end of that drama, obviously.

So thank you all so much. And again, special thanks to Michaela Simoneau for all the great work she put into making this happen.

(END)