

Center for Strategic and International Studies

## CSIS Press Briefing

### “Public Trust in a Covid-19 Vaccine”

RECORDING DATE:

**Tuesday, October 20, 2020 at 9:00 a.m. EDT**

FEATURING:

**Heidi J. Larson,**

*Director, Vaccine Confidence Project, London School of Hygiene and Tropical Medicine*

**Mollyann Brodie,**

*Executive Vice President, COO, and Executive Director, Public Opinion and Survey Research, Kaiser Family Foundation*

**Frederick Chang,**

*Chair, Computer Science Department, Lyle School of Engineering, Southern Methodist University*

CSIS EXPERTS:

**J. Stephen Morrison,**

*Senior Vice President and Director, Global Health Policy Center, CSIS*

**Katherine E. Bliss,**

*Senior Fellow, Global Health Policy Center, CSIS*

MODERATOR:

**Caleb Diamond,**

*Media Relations Manager and Editorial Associate, External Relations, CSIS*

*Transcript By  
Superior Transcriptions LLC  
[www.superiortranscriptions.com](http://www.superiortranscriptions.com)*

Caleb Diamond: Good morning, everyone. Thanks for joining us today. Caleb Diamond with the External Relations team here at CSIS.

We're here to discuss with you an incredibly timely issue, the COVID-19 vaccine, and vaccines – and public confidence in a new one. And so this has been the focus of the new CSIS-London School of Hygiene and Tropical Medicine panel. And, you know, we'll of course – we'll of course have time for questions at the end, but I do want to first introduce Steve Morrison. He's director of the CSIS Global Health Policy Center as well as a panel co-chair. And he will, you know, give some more background on the panel as well as introduce the speakers we have here with us today.

J. Stephen Morrison Thanks so much, Caleb, for all of your support in helping organize this. And special thanks also to Andrew Schwartz, our chief communications officer, and to my colleague at the Global Health Policy Center Michaela Simoneau, all of whom put in a lot of effort to try and make this happen. And a thank you to the press that have joined us today. Within a couple of hours after our session this morning we'll post a transcript on the CSIS.org website, which you can access.

I co-chair this CSIS-London School of Hygiene and Tropical Medicine high-level panel with Heidi Larson. We'll be hearing from her in a moment. I'll introduce her in a moment. Our focus is on vaccine confidence and misinformation. And we're here today to discuss the call to action that was posted yesterday. And this statement is very timely. It's a matter of urgency. It's a strong consensus statement of a very diverse high-level group. It emphasizes the national security dimension of what we face as public trust and confidence has plummeted, and as we've seen the impacts of a polluted digital world. And we're arguing in this statement, as we'll hear from our speakers, for a strategic and bipartisan approach.

Just today we saw some new polls come out that show – that demonstrate further erosion of popular trust and support. We will be following up on today's event later in the years with public sessions that look in greater depth at some of the recommendations that are contained in this. We will issue a report in the spring. We appreciate very much the support we've received for this project from the Robert Wood Johnson Foundation.

We're going to hear – in sequence we're going to hear my colleague Katherine Bliss, senior fellow at CSIS who directs this project. She'll give a quick, brief synopsis of the call to action. Following her will be Heidi Larson, co-chair of the high-level panel. She's a professor of anthropology, risk, decision science at the London School of Hygiene and Tropical Medicine, where she directs the Vaccine Confidence Project. She'll talk about how the call to action fits into the larger international context.

Following Heidi, Mollyann Brodie, executive vice president and chief operating officer of the Kaiser Family Foundation and executive director of the public opinion and survey research program of Kaiser. She will offer remarks on the domestic public opinion climate and what factors are driving current trends. Our last speaker will be Fred Chang, chair of the computer science program at Southern Methodist University, who will offer remarks addressing the feasibility

of a third recommendation related to social media and tech companies. What will it take to put those ideas into action?

All these speakers are going to be very rapid three, four-minute interventions, and then we'll open to the press. We're slated to run up to 9:45. We can go a bit beyond that point if people wish to. So thanks, again, for joining us. Thanks, again, to Caleb for all his efforts to make this possible. And over to Katherine Bliss.

Katherine E. Bliss:

Steve, thank you. So the call to action represents the work of the CSIS-London School of Hygiene and Tropical Medicine's High-Level Panel on Vaccine Confidence and Misinformation. In the summer of 2020, CSIS and the London School convened experts from the public health, social sciences, digital media, and cybersecurity field and communications, for a year-long project examining the links between vaccine confidence, misinformation, and national security. And we hadn't originally intended the work to focus on vaccine confidence and COVID-19, but by mid-July it had become clear that there was considerable public unease about the safety and efficacy of any COVID-19 vaccine that might be approved.

With the pandemic causing significant economic, social, and political disruptions, the panel emphasized the importance of issuing the group's recommendations before a vaccine had been approved, rather than waiting until after product had become available. The call to action outlines five recommendations.

The first is the rapid launch of an independent panel on vaccines and misinformation. And the goal of this bipartisan panel of members of national, state, and local-level expertise, and representing private, nonprofit, and community-based organizations, would be to carry out a swift assessment of the decline in popular trust and confidence in vaccines and science, and to recommend concrete measures to provide aware U.S. publics with accurate information and realistic expectations about immunization programs.

The second recommendation focuses on innovation and reaching diverse and underserved populations with vaccines and other forms of support. The panel argues that the public sector should lead at the national, state, and local levels, and ensure the delivery of safe and effective COVID-19 vaccines is integrated into a broader platform of health and social services to help people move beyond the most debilitating aspects of the pandemic.

The third recommendation centers on pledges and actions by mainstream and digital media. The panel finds that traditional and digital media companies should commit publicly and voluntarily to improving the information climate related to COVID-19 vaccine. And in particular, the panel found that social media platforms should commit to changing their content selection algorithms to prevent the automatic spread and reinforcement of misinformation and disinformation.

The fourth recommendation encourages greater activism by key social and economic sectors. It argues that leaders within these sectors should step forward and expand their activism, engaging communities in sustained dialogue

on the benefits and risks associated with vaccines to ensure people can make informed choices about a COVID-19 vaccine when the time is right.

The high-level panel's final recommendation centers around federal reform. It argues for new capacities within the National Security Council, for a directorate for global health security and biodefense, to lead collaboration across agencies and sectors on vaccine confidence and misinformation issues, but also recognizing that what happens domestically is intricately connected to international phenomena. The panel argues that the United States should increase its support to immunization partners to mobilize vaccine demand globally.

So over the next few months CSIS and the London School will be initiating a series of virtual events to facilitate public discussion and to refine the recommendations. And we anticipate that the panel's final report, a more comprehensive examination of the many issues contained in the call to action, will be released in April of 2021.

Caleb Diamond: Thank you, Katherine.

Over to Heidi Larson. Heidi? We seem to have lost Heidi Larson.

Let's move on to Mollyann Brodie.

Mollyann Brodie: Great. Good morning, everyone.

So, like everything in 2020, it has been a fast-moving public-opinion environment when we're talking about COVID or the public's attitudes towards vaccine and vaccine hesitancy. KFF has been tracking these views closely, including just releasing a brand-new poll this morning. I'm going to talk a little bit about all of that.

I think, early on in the pandemic, we saw a remarkable amount of agreement across the public. The nation was having a very shared experience, a traumatic shared experience but a shared experience, as we sheltered in place and made a lot of sacrifices because of our fear and unknowing about this new virus.

However, by summer that sense of being in this all together morphed entirely. And since then what we've really seen is a polarized nation, really with two largely different worldviews on the pandemic. So as the national conversation around COVID-19 became more and more a political conversation, we find that now partisan affiliation is one of the best predictors of views on public's – in terms of public's views on the virus and vaccines.

For example, in the poll we released this morning, we find now that two thirds of Americans are worried that they or someone in their family will get sick from the virus. That's up 13 percentage points since April. But there's a huge difference between the views of Democrats, where 87 percent are worried; than that of Republicans, 45 percent are worried.

Willingness to get a vaccine has fallen among all groups over time, but there's a partisan divide, with Democrats still more worried – more willing to get a

vaccine than Republicans. People's worries about the speed of vaccine development are also related to their political viewpoints. More than six in 10 are at least somewhat worried that the FDA is going to rush to approve a vaccine due to political pressure. That includes 86 percent of self-identified Democrats compared a third of Republicans.

And in the poll we released today, we find that many Americans believe President Trump is intervening with the FDA's job of reviewing and approving a vaccine and that that's a bad thing. In fact, 77 percent of Democrats believe that, as do about half of independents and just one in 10 Republicans.

The politicalization of the crisis has impacted levels of trust of all of our public-health institutions and officials. For example, the share who trust the CDC to provide reliable information has fallen 16 percentage points since April, but it fell 30 percentage points among Republicans between April and September.

Dr. Fauci's level of trust fell 10 percentage points from April to September. Still a majority trust him. It fell from 78 percent to 68 percent overall. But among Republicans, levels of trust for him fell from 77 to 48 percent. That is a 29-percentage-point drop. On the other hand, Dr. Birx is seen in virtually the opposite light, with 70 percent of Republicans trusting her compared to 44 percent of Dems.

This intense politicalization that we've seen fosters an environment where misinformation is much more easily shared and believed. Forty-eight percent of the public now hold at least one of five misconceptions about the virus and its prevention. That ranges from 25 percent of Democrats to almost three-quarters of Republicans. In fact, one-third of Republicans don't believe that a face mask helps to reduce transmission of the virus.

And perhaps in the perfect storm category, while we have a pandemic that is disproportionately impacting Black Americans in terms of both rates of coronavirus infections but also the economic impacts of the pandemic, we've found that Black adults are among the least willing to get a vaccine. Just 17 percent say they would definitely get a vaccine if it was determined to be safe by scientists and available free to everyone. When we asked them to follow up and say in their own words why they aren't willing, Black adults cite safety concerns and distrust of the health-care system and of the government as their main reasons, results that are clearly stemming from our nation's history of racism, discrimination, and racial disparities in the health-care arena. In fact, probably one of the most telling statistics is that two-thirds of Black adults say that the federal government would be taking stronger action to fight the pandemic if White people were getting sick and dying at higher rates than people of color.

So basically, we're facing a public-health emergency with the outcome being heavily impacted by these forces far beyond public-health science, principles, and expertise. When an actual vaccine becomes available, our nation's leaders and certainly the public-health community is going to have a much higher hurdle to overcome in terms of communicating about the needs to get vaccinated due to this polarization and we'll need to think deliberately about the diversity of trusted messengers and messages to address these public-opinion divides. Thank you.

J. Stephen Morrison: Thank you very much, Mollyann.

Over to Fred Chang. We're working on reconnecting Heidi. She's calling in from London. We're having some problems with this – with this service. We'll see what we can do. But over to Fred.

Frederick Chang: OK. Thank you, Steve. Yeah. And if you need for Heidi to speak, let me know. So yes, this is Fred Chang. Thank you.

As you – as you read the call to action, the panel's recommendation number three pertains to both traditional media and digital media, but I'll focus more on digital media and specifically on social media here to keep my comments brief.

Based on some relatively recent research, we've learned that on social media false news travels faster and farther than true news – often much faster and much farther. And this is true in all categories of information – not just vaccines, but science, terrorism, natural disasters, financial information, politics, though more pronounced in some areas compared to others. But to the extent that disinformation about vaccine safety and effectiveness travels fast and far, that's a really bad thing, especially in this moment.

Generally speaking, social-media algorithms optimize for engagement and not necessarily for correctness or accuracy. That might be fine if you want my opinion on cat pictures, but that is not fine when it comes to facts on the safety and efficacy of a COVID-19 vaccine. If a piece of – if a piece of disinformation seems novel or catchy, or coincides with some belief you may have, you may well read it. This is well-known human confirmation bias. You then – you might then push that piece of disinformation out to others on your network, and then they may do the same, and then the machines kick in. If the disinformation is picked up often enough, then it will be shown to more users, and soon the disinformation spreads quickly and broadly. Social media acts like a confirmation-bias machine. You can begin to see how this scales and can move public opinion in the wrong direction, and you heard some of the statistics from Mollyann.

With that said, last week two very good things were announced from a couple of social-media giants. Facebook announced that they will be rejecting ads globally that discourage people from getting a vaccine. They're launching a new flu vaccine information campaign and they're working with global-health partners on campaigns to increase immunization rates. And YouTube announced that they will – that videos containing COVID-19 vaccine misinformation will be removed from YouTube, and also content about a vaccine that contradicts information from health experts or the World Health Organization won't be permitted.

So these are good, solid steps, but more is needed. Katherine mentioned this, but there are two key highlights from the panel's recommendation number three, that media companies should commit publicly and voluntarily to enhance action to improve the information climate related to COVID-19 vaccines. And they should work proactively to stop the spread of mis and disinformation, and instead amplify accurate and reliable scientific content on COVID-19 vaccine

safety and efficacy. And there are technical and nontechnical measures that can be taken.

And then just in closing, one promising idea that comes from the recent Sabin-Aspen Vaccine Science and Policy Group report would be to create a collaborative partnership between social media companies and the vaccination community to identify postings that experts in the field consider to be erroneous. We want to prevent this information from going out in the first place, because once it gets out it will spread like a virus – like an information virus. The disinformation has to be replaced with accurate information. And that too will spread. And of course, that’s what we want to happen.

OK. Thank you. Steve, back to you.

J. Stephen Morrison: Thank you very much, Fred. We’re still working on trying to –

(Note: There are technical difficulties throughout Ms. Larson’s remarks.)

Heidi J. Larson: I’m here.

J. Stephen Morrison: Heidi, you’ve made it. Excellent. So over to you for just a few minutes about the larger international context. Thank you.

Heidi J. Larson: Yes. Thanks. (Audio break) – for the technical – (audio break) – less developed.

I – (inaudible) – so much. It’s actually good I go after the infodemic – (audio break) – because it’s one of the reasons why we cannot – between the context of the pandemic, which makes it very clear how connected we are – (audio break) – connected, and when we are – (audio break) – and interconnectedness – (audio break) – we can see how – (audio break) – and globally.

At the Vaccine Confidence Project, we have seen that the U.S. was the most – I wouldn’t say productive, but pushing out the most misinformation – (audio break) – of any continent and picked up far and wide. And then it gets spread – (audio break) – the language diaspora. Getting back to, in a sense, these language diaspora groups, whether Somali, or – (audio break) – to relatives, and networks, and cousins in the U.S. So there is cyclical and – (audio break) – sharing of misinformation and disinformation. And as it travels – (audio break). So we have this situation where something gets started in the U.S., gains – (audio break) – overseas, gets amplified and reinforced – (audio break). So we cannot escape looking at creation in the U.S., and acute vulnerability issues reflecting on the global context.

The issue of minorities and marginalized groups, which is globally – (audio break) – misinformation – (audio break) – as they often don’t have audio break misinformation as much as we have a – (inaudible) – problem. It is a symptom of distrust. And in many countries in the world it is the minority and marginalized groups that do not – (audio break) – are vulnerable to what are the alternatives – (audio break) – official sources. (Audio break.)

There’s a very important – one of the very important points in the key recommendations of the panel is recognizing, I think, real – (audio break) – of

the principle of – (audio break) – the actions, the dialogue on vaccines and the – (audio break). We too often focus on the vaccines themselves. They’re – (audio break) – health benefits. But looking at the – (audio break) – of vaccine in the – (audio break) – we’re going to ensure – (audio break) – enough of COVID-19 – (audio break) – engagement with COVID-19 vaccine, the context about – (audio break) – and caring – (audio break) – most vulnerable times – (audio break) – where people have a lot of concerns, are very – we’re all in a very – (audio break).

But I think – (audio break) – for all the other things around the introduction of the vaccine will be crucial. And I would like to reiterate – (audio break) – importance of – (audio break) – and its – its particular calls for – (audio break) – strengthen trust relationships around other vaccines to get this right with a – (audio break) – vaccine, hoping that is effective and – (audio break). Thank you.

J. Stephen Morrison: Thanks very much, Heidi. I’m sorry about all the difficulties of making the call. And I apologize to our press folks; that was very choppy. We may be able to make some arrangements for downstream for a sort of doubling back to get some clarification from Heidi. Heidi, your connection is still pretty difficult.

Let’s turn back to Caleb and to our press folks for questions and comments. Thank you.

Caleb Diamond: Yes, Gloria, if we could – (coughs). Excuse me. Gloria, if we could open it up to the question and answer session. And I have a few questions I received ahead of time. But if you could – Gloria, if you could give instructions for people to queue up.

Operator: Absolutely.

Caleb Diamond: And while people are queuing up, I’ll actually – I’ll ask a question I received ahead of time. Which is – you know, recently Twitter took down the post from Scott Atlas about mass vaccines. So the question is – or, I’m sorry, masks and their effectiveness. So the question I received is: How can tech companies respond to misinformation beyond just taking it down, and what is the role of these social media companies to fighting disinformation?

Frederick Chang: Sure. I’ll take a bit of a crack at that. So as I mentioned, the – generally speaking, the algorithms are optimized for engagement and relationships rather than for accuracy and correctness. So this would certainly be a big lift, but you could you start thinking about ways in which the algorithms could potentially change. Short of that, what I mentioned by way of a collaboration with the vaccination community, if there were, you know, on-hand, ready experts that could immediately flag mis or disinformation, that would certainly be a short-term assistance. You know, I suspect some of that is happening, but to do it in a more pervasive and, you know, kind of proactive way. What we don’t want to happen is for the disinformation to get out there in the first place. We have to prevent it from getting out onto the platforms. And that needs to be job one.

J. Stephen Morrison: Heidi, would you like to offer any response to that first question?

Heidi J. Larson: I apologize for the rocky connection. I think I’ll go with what was just said.

J. Stephen Morrison: OK.

Heidi J. Larson: The response. I'm happy to follow up with anyone in a different way – (audio break) – journalists, if they want – (audio break) – this connection.

J. Stephen Morrison: All right. Heidi, you would be open to speaking with journalists directly by phone on a better connection following this call?

Heidi J. Larson: Yes.

J. Stephen Morrison: OK. All right. Again, apologizes for all these technical difficulties.

Back to Caleb. Any other questions?

Caleb Diamond: Yes. I got a question I received, and actually it ties in quite well with the survey results from Mollyann. And the question is, you know, how – you know, the numbers about minority – the low trust in vaccines among minority communities is shocking. So what can you do to sort of – and this question is for everybody – is, you know, what can we do to build trust among those minority communities?

Mollyann Brodie: Yeah. I mean, I think that that is one of the key questions going forward. And I think the first thing is making sure that members of the minority groups and community members from the minority groups are at all these tables and in every discussion and that we're working – public-health officials are working really directly with doctors and others from the community who are trusted themselves.

I know of a number of efforts. And, in fact, we just recently completed a huge survey on race and health with The Undeclared. There's a series of great reporting that came out of that. They talk to a number of doctors who are in the communities, who are already working to fight misinformation and to, on a one-on-one basis, really try to help change attitudes.

You know, there's a big relationship between attitudes towards the flu vaccine and attitudes towards all vaccines. And so there's a number of efforts already under way. We need to coordinate, work more closely, make sure those voices are around the table, and recognize that it is – this is not just about mistrust of this current vaccine. This is about a history of mistrust of the health-care system and that there's – we need to be thoughtful and understanding of that in trying to include and make sure our messages are breaking through to this audience.

Caleb Diamond: Thank you.

Anyone else care to jump in on that question? Any of our other speakers? Let's turn back to the questions from the press.

Q: So another one I received ahead of time is, you know, what can we expect after the November election, both in terms of – you know, what does a Biden policy toward vaccine distribution look like, and what does that mean for the partisan split as well? That's another question I received ahead of time.

Mollyann Brodie: Well, this is Molly. I can start. You know, from a public-opinion perspective, you know, the outcome of the election will matter a lot in terms of who's going to trust who. But given the polarization that we've been measuring, I imagine that things will just switch, right. So if it happens to be a Biden presidency and a Biden administration, I anticipate that a lot of the results that we're measuring now may look different, but it's not that people are necessarily going to come together. It's that now I would anticipate that the Republicans will be even less trusting of a Democratic administration and that the Democrats might be more trusting.

If President Trump wins reelection, then I think we can anticipate that many of the trust measures we've been measuring will be sort of consistent. But in any case, it means that for our nation's leaders, and certainly for the public-health community, we're going to have to have a diversity of messengers and have trusted messengers, because it is unlikely, in this world of polarization, that there'll be any one set of messages that's going to work for everyone. And so we're going to have to think very carefully about the different audiences and about the best messengers for those audiences.

J. Stephen Morrison: This is Steve Morrison. I'd like to jump in just by reminding the press here that, you know, the first recommendation, which is to launch an independent panel for a six-month period, this is to fill the sort of gap that we're anticipating will exist regardless of what the election outcomes are, which is the need for a new national conversation that begins to engage a diversity of communities around the country, to listen to them, to hear what they have to say, and to begin to revitalize popular support for the notion of moving towards vaccine distribution. If we simply ignore the reality that we have in front of us and wait for some later solution, we're going to run headlong into very strong public opposition to the vaccine distribution and a considerable vulnerability to continued disinformation in our – in our polluted media environment.

Heidi, did you want to offer any thoughts not so much on our elections, but on the challenge ahead?

Heidi J. Larson: Well, the National Academy outlined some guidance on this that – (audio break) – should be – (audio break). There are a lot of challenges – (audio break) – regardless of – (audio break) – at the end of the day people accept these vaccines – (audio break) – again, it's going to – (audio break) – trust. And depending on how this turns out, it will certainly be an issue and will – (audio break) – focused on – (audio break) – narratives for that. And I think with these scenarios, as we anticipate a different – (audio break) – could have. But – (audio break) – are going to be – are – (audio break) – and can already take straightforward – (audio break).

And I apologize for – (audio break).

J. Stephen Morrison: Thank you. You know, just to remind people, I mean, to get back to the point that Mollyann Brodie made, which is the survey work that has been undertaken by Kaiser and others in this – in this last six-month period has demonstrated that we have become two quite different countries with wildly different sources of information that reaffirm our wildly different attitudes toward this and a high

degree of false information around the scientific facts surrounding this pandemic. That's the challenge we're going to face moving ahead, and that's what motivates and animates the set of recommendations, which is an effort at trying to crack the code on this particular reality that we face.

Do we have other questions coming in from the press, Caleb?

Caleb Diamond: Gloria, do we have – do we have any additional questions coming in?

Operator: No, none from the phone lines.

Caleb Diamond: So I think, if there are no more questions, we can end the call here. And as Steve mentioned at the beginning of the call, we're putting together a transcript that'll be available on the CSIS website at CSIS.org before noon Eastern time, so, you know, you're welcome to read that transcript, as well, if you, you know, want to refer back to that.

Additionally, if you'd like to set up an interview with any of the panelists we had on the phone today, please don't hesitate to reach out to me, Caleb Diamond, at [cdiamond@csis.org](mailto:cdiamond@csis.org). I'd be happy to set up an interview.

And if you want to learn more about what the panel discussed, you can find the call to action that Katherine and the panelists mentioned. It's on our website as well.

So if there are no further questions, I think we'll end the call here. And thanks so much to everybody on the line for joining us today, and thank you so much to our panelists as well.

J. Stephen Morrison: Thanks, everybody, for joining.

Frederick Chang: OK. Bye-bye.

Mollyann Brodie: Thanks for having us.

J. Stephen Morrison: Thank you.

Katherine E. Bliss: Bye.

