

Center for Strategic and International Studies

TRANSCRIPT
Online Event

“COVID-19 Vaccine Confidence at One Year”

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FEATURING
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Katherine E. Bliss:

Hello and welcome to today's event on "COVID-19 Vaccine Confidence at One Year." I'm Katherine Bliss, senior fellow and director for immunizations and health system resilience at the CSIS Global Health Policy Center. And it's my pleasure to moderate this conversation today.

Now, before we get into the presentations and discussion with our panelists, I wanted to offer a little bit of background. In July of 2020, CSIS and the London School of Hygiene and Tropical Medicine's Vaccine Confidence Project convened a high-level panel on vaccine confidence and disinformation. It was chaired, or co-chaired, by Steve Morrison and Heidi Larson, two of our speakers today. Our goals were to understand how vaccine hesitancy and misinformation impact national security, and to outline practical recommendations for the U.S. government and Congress, as well as social media, industry advocates, and community leaders to take to address the circulation of misinformation and disinformation feeding anxieties about vaccines in the context of the COVID-19 pandemic, and to improve Americans' health and health security.

Now, last May the panel released a final report, *Why Vaccine Confidence Matters to National Security*, along with a series of interactive and multimedia products. And the report's key recommendations included, one, greater focus on innovations in reaching diverse and underserved populations with vaccines in the context of broader health and social services. Two, pledges and actions by mainstream and digital media platforms to stop the spread of misinformation and disinformation, and to collaborate with health providers and scientists to increase the circulation and accessibility of accurate content. Third, increase engagement by key social and economic sectors to empower people to make informed choices about COVID-19 vaccines. Four, greater executive coordination – greater executive branch coordination beyond the COVID-19 pandemic on these issues. And, fifth, increased U.S. support for global immunization partners, including those working on vaccine confidence issues.

Now, over the period that the panel was meeting the COVID-19 vaccines, three of them, received emergency use authorization in the U.S., and people 18 years old and older became eligible for them. Since then, two of the vaccines have been fully approved for adult populations. Children and adolescents from ages five to 17 have become eligible for the vaccines. Boosters are being administered. And some particularly vulnerable or immunocompromised populations have been given a fourth dose of the vaccine. The vaccines are being distributed free of charge, and they've been available everywhere from pharmacies and groceries to schools and recreation centers to mass vaccination sites and local initiatives, like pop-up clinics.

Now, the creativity of incentives to encourage people to be vaccinated has been impressive. For a while, at least, you could get a really nice set of headphones, or beer and burgers, to entry into a lottery for free in-state tuition if you got a vaccine. But even with all of this, and even with all of these populations eligible for vaccines, this week, as of February 2nd, just 64 percent of the U.S. population is fully vaccinated. And the variations among states are notable. Nearly 80 percent in California to not quite 50 percent in Alabama. And the United States compares unfavorably, in many ways, to other high-income nations, and many middle-income nations too. The United Arab Emirates leads the world with 93 percent of the population fully vaccinated. Chile has vaccinated 88 percent, Cuba 87 percent. Japan's coverage is about 79 percent. And even Brazil, where we saw a great deal of COVID-19 denialism early on, has 70 percent.

So we're here today to discuss the state of confidence in COVID-19 vaccines one year on, how misinformation and narratives about science, expertise, and even the pharmaceutical industry have evolved and changed over the last 12 to 13 months, and, of course, the larger political and security contexts in which misinformation about vaccines and vaccine hesitancy is now embedded.

So I am particularly pleased to invite Heidi Larson, professor of anthropology, risk, and decision science, and director of The London School's Vaccine Confidence Project, which she founded in 2010, to set the stage. Heidi is the author of the book "Stuck: How Vaccine Rumors Start and Why They Don't Go Away," which came out in the summer of 2020. Since 2015, she has been leading work on the Vaccine Confidence Index, which surveys vaccine attitudes in 60 to 70 countries. And this past December the BBC placed her on its prestigious 100 Women list, which last year highlighted those who are hitting reset, playing their part to reinvent our society, our culture, and our world.

Heidi has agreed to help set the stage for today's discussion, share a global overview of vaccine attitudes in the COVID-19 context, and her observations over a year of listening to people's concerns about vaccines and thinking about how vaccine trust and the pandemic intersect.

So Heidi, over to you. Thank you so much for being here.

Heidi J. Larson: Thanks very much. Since my kickoff here will be about five minutes, I won't get into all of the subject, but I think we'll have good opportunity in the context of the discussion to talk more. But I do want to bring up, I think, a few things. I mean, our event today is looking back a year later at a bit of what we've learned, but I think personally, the most important thing for us to be shifting our gears on is looking forward and looking at the implications of how we handle this – hopefully – final stage of COVID. It may be a

recurring – let’s say final emergency stage. We don’t know. There’s still uncertainty, but not nearly what we have been through. So I think what we should focus on – and it’s hard to believe it’s only been a year that we’ve had these vaccines, and we hit the 10-billion mark – I think it was a couple weeks ago – 10 billion people (sic) around the planet have had at least one COVID vaccine [clarification: 10 billion doses of vaccine have been administered]. That’s a remarkable achievement considering we didn’t even have a COVID vaccine two years ago at this time.

So I would say, overall, we’ve had a tremendous success. We’re not there yet. We have missing pockets. We still have issues in Africa. The supply is increasing but the acceptance rates and the actual vaccination rates are not meeting the available vaccines. So we have a lot of issues around the world, but overall it’s been a tremendous leap forward. I think we’ve learned a lot. We’ve also seen a lot of change. We are not coming out of this with the same state of vaccine confidence we had going in to COVID. I think some people have a different appreciation of vaccines than they did before. And at the same time, it’s been an explosive expansion of some of the critical vaccine discourses that – was not nearly to the scale it is now. And that’s partly because more of the vaccine conversations were around childhood vaccine, some specific to HPV; less of the critique was with the adult vaccines. But in the context of COVID and from a security implication point of view, this has touched virtually everyone’s life in one way or the other, which means that these conversations and critiques and questions have expanded into areas that never even thought about vaccines and certainly didn’t talk about them. And so we have a new opportunity and a new challenge moving forward that we’re going to need to work with. I think we’re going to have to reset how we look at vaccine-- the relationship with publics moving forward.

And how we handle moving in this next fragile phase to get to the other side of at least the acute part of this pandemic will be really important. The people are on edge. People are exhausted. We have to handle with care, I would say, moving forward. And we need to start to, in a more concerted way, contextualize our outreach on vaccine confidence in the broader effort to address people’s felt needs beyond vaccines. So pull the lens back and focus on what else we need to get to the other side of this.

I’m going to keep the comments there because we have some really excellent presentations ahead and then come back to – I think we’ve got a lot to discuss on looking forward.

Thanks.

Dr. Bliss:

Heidi, thank you so much for that overview and really keen observations about how things have developed and are changing globally. I know you

have really been pressing this idea of focusing on vaccine confidence and, you know, this broader issue of societal trust as an element of pandemic preparedness, from the beginning or before anything – before there's even an outbreak, and certainly not once things are under way or, you know, waiting until vaccines have actually been developed. So I look forward to further discussion.

I want to open up our panel conversation now and invite Mollyann Brodie, Jim Lewis and Steve Morrison to join the conversation.

Molly is executive vice president, chief operating officer and executive director of Public Opinion and Survey Research at the Kaiser Family Foundation. Jim is senior vice president and director of the Strategic Technologies Program at CSIS. And Steve is senior vice president and director of the CSIS Global Health Policy Center. And both Molly and Jim were also members of the high-level panel.

So Molly, I want to start with you. You and your colleagues at the Kaiser Family Foundation have been undertaking public-opinion polls about the pandemic and COVID-19 vaccines really since even before any vaccines had been fully tested or approved, starting, I think, you know, in the spring of 2020, or certainly the summer.

Now you've just released a new set of findings through the Vaccine Monitor last week and then some additional updated information a couple of days ago. Tell us what you are seeing in the United States now and how things have really changed over the last six months to a year that you've been carrying out this work.

Mollyann Brodie: Right. Thank you, Katherine, for setting that stage. And I am going to use some charts. I'm going to go quite quickly through them. But I just think it's easier to see the change over time if we can look at it in chart form.

So we have been tracking the dynamic nature of people's vaccine uptake and trying to really understand why people chose to get vaccinated and why they were still resistant over time. And you can see here that, as Heidi said, you know, there are some huge wins here. There was rapid uptake of these brand-new vaccines.

So the dark bar in each of these rows represents the share of people who got vaccinated. And you can see from our first survey back in December the lightish blue. About, you know, 34 people were – 34 percent were eager to get it as soon as possible. By January we had 6 percent vaccinated. But by September, about seven in 10 of adults across the U.S. told us they were vaccinated. That's a really fast rollout of a brand-new vaccine. So I think that we have to just remember that as we're talking.

The other thing that I think is clear in this chart is that light blue part to the bar are the people who were in wait and see. They had something they wanted to learn. They had concerns. They didn't understand exactly whether this was the right choice for them. But they learned. And by September of 2021, many of them had switched to become an actually vaccinated adult in America.

Now, the other third note from this chart is that dark green. That dark green are the people who have said definitely not. And I think the strongest message from the dark green is that they – this group of definitely nots when it comes to COVID vaccine was dug in at the beginning. It's been stagnant over time. It really hasn't changed.

But today we have 77 percent of adults in the U.S. telling us that they are vaccinated.

So next slide please.

Now, what we learned over time as we followed up with people who had originally told us their vaccine intentions and then went back to them six months later to find out what they actually did, what we learned is that it was personal connections, conversations with people that they knew – their friends, their family members, their personal doctors – that got them to change their mind and to get the information that they needed to feel comfortable about getting vaccinated.

I think one of our key lessons coming out of this is the hyper local nature of vaccine conversion, if you want to talk about it that way. It was the people in their lives that actually helped them change their mind and learn and get comfortable with getting vaccinated.

What we also learned through all of this research over the past year is that the local environment that people operated in also had a big effect. So if you worked for an employer or your child was at a school that was encouraging vaccinations – not requiring but encouraging vaccinations – you were also more likely to get vaccinated over the time, even after we've controlled for a lot of other factors that we know drive decision-making.

So, again, this local environment, this local community, really had an impact for people who – especially those who weren't so certain they wanted to get vaccinated right at the beginning.

Next slide.

So the other thing we've been doing with the COVID Vaccine Monitor is really tracking demographically and attitudinally who was likely to get vaccinated and who wasn't, and you can see this is the data – the most updated data from – as of January of this year, can see here that, you know, 90 percent of those who identify as Democrats tell us that they're vaccinated. Seniors are – 86 percent are vaccinated. Those with more college education are more likely to be vaccinated.

Down at the bottom are some of the groups we've talked about over the past year who were more hesitant and who took longer, in many cases, to decide to get vaccinated. So smaller shares of those who are in households with lower education, rural residents, Republicans.

Now, what I want to point out here is that we often talk about these gaps in vaccination rates, which are significant, and we should talk about them. But we still have to remember that 63 percent of Republicans – people who self-identify as Republicans – are already vaccinated.

So I think one of the key lessons we learned over the time is that there is no – no group in America is monolithic in their intentions. You can't talk about one group versus another group. You really have to think about this from individual decision-making.

We also learned that some of the early gaps in uptake really dissipated over time. So early on, there were much larger gaps between the shares of white Americans and people of color who had been vaccinated. There were a lot of barriers. There were a lot of issues there. But as the year went on those gaps really, largely, dissipated.

On the other hand, given these remaining gaps by partisan and political polarization, which I know we're going to talk about in the discussion, at this point in time, if you are an unvaccinated individual, of that group two-thirds are Republicans. OK.

Let's move to the next chart. So who – what did we learn about why people weren't getting vaccinated or what their concerns were? So we – early on we heard a lot about the vaccine was too new. There were side effects. They were worried about safety. That is one whole category of barriers to getting vaccinated. Misinformation is a huge barrier to getting vaccinated and we've shown over time incredible relationship between the misinformation and hearing and believing things that aren't necessarily true and your unwillingness to get vaccinated.

Then there's a set of issues that are just around attitudes. So people who believe that the risk of COVID had been exaggerated in the news, people who believe that the country was taking – too much of a sense of taking away my

personal freedoms, they were less likely to get vaccinated all over times – people who really believe that is my personal choice, not a broader community responsibility, to get vaccinated. And then, of course, there were real barrier and access issues, people who couldn't get time off work, things like that. So these are all things that we saw over time influence vaccination rates.

Next slide.

We also have been – people have been really wondering how these breakthrough infections and new surges – the Delta surge, the Omicron surge – would affect the unvaccinated. What we found is it largely didn't. People were really dug in and, in fact, these breakthrough infections with Omicron have given the unvaccinated yet another reason and another piece of evidence that they made the right decision by not getting vaccinated. They tell us that they believe that the fact that people are getting breakthrough infections means that the vaccines are not working.

Next slide.

And at the end of the day, when we asked the unvaccinated if there's anything that they can do that would change their mind about vaccination, they tell us, nothing. There is absolutely nothing that you can say or do that's going to convince me to get vaccinated. So I think that has huge implications as we go forward and think about other vaccination situations.

Next slide.

I want to just tell us where we are in terms of boosters right now. We're seeing some of the early – the same things we saw early on with vaccine uptake, that those who are most likely to have already gotten a booster is people who are older, people who identify as Democrats. Perhaps surprisingly - hopefully you guys can still hear me. It doesn't look like you can see my slides anymore. But perhaps surprisingly what we have found is that even among people who are vaccinated, we're still seeing a partisan divide in terms of who is choosing to get the boosters, with Democrats more likely and Republicans less likely.

Go onto the next slide, if the slides are working at all. (Laughs.)

We wanted to point out where we are with parents and children. Among the eligible groups, the parents – about 61 percent of parents of teens have told us they vaccinated their child. That's up from November. Same thing, we're seeing an upward trend for the younger kids. Importantly to note is that the parents' vaccination status for themselves is the best predictor for whether or not they're going to vaccinate their child, perhaps not surprisingly. But

there is a set of parents who are vaccinated themselves, who are still sitting on the fence about their kids. And so those are the groups that I think we may have some opportunity with.

And the next slide.

Just this week you know that the FDA was asked to approve, under emergency authorization, vaccinations for the youngest of children in America, zero to five. And you can see here that at this point in time about three in ten adults are interested in getting those children vaccinated. So there's big education work ahead for these parents as well.

And lastly, you know, we heard the same – as we turn to the final slide – we heard the same thing from parents that we heard from adults nationwide about why they aren't getting their children vaccinated. They're worried about side effects, they're worried about trust they're worried about safety. One thing that I do think is very important here going forward is that parents are less confident in the safety of the vaccine for children than they are for teenagers and young adults – than they are for adults. So I think it is really important, education still matters. And I think that was a really important message across this whole pandemic.

Dr. Bliss:

Molly, thank you so much for sharing the data, and how some of the categories of who's getting vaccinated and how their thinking has evolved over the past year have really taken shape. And in particular, the focus on our current context as we're seeing increasing authorizations for different age groups, and the emergence of boosters, how some of those narratives are really – are really coming forward.

Jim, I want to turn to you for a moment. One of the observations that you made last year when we were working on the high-level panel was that the political effect of the internet allows for many competing narratives. Yet, at the same time, it is not a marketplace of ideas, and the truth will not always win out. Now, you know, Molly has just presented some of the attitudes, some of the reasoning that people have shared for why they are hesitant to get their children vaccinated, for example, or why they're holding off on getting boosters. And, you know, I just wanted to ask you to reflect, you know, a bit more about this idea of these circulating narratives, particularly in the misinformation context. And really, you know, what is it you've seen as far as the circulation of narratives about vaccines, science and expertise, both through mainstream and social media? And how has some of that changed over the last year?

James Andrew Lewis:

Great. Thank you, Katherine. And thanks for having me back. When I think about this, I put it in the context of the erosion of legitimacy and expertise, something that's been going on for probably about two decades. And you see

this reflected broadly. So we don't want to beat up ourselves too much in the antivax battle. It's part of a larger social trend.

As you noted, technology accelerates this erosion. Social media creates alternate sources of truth. The networks are more trustworthy because they tend to be people you know or family members. The algorithms that shape what you see on social media are market driven, all right, in other words, the thing that gets the most clicks – and that's almost always bad news - will be the thing that the algorithms emphasize, right? And of course, we've just seen that this week with the battle over Spotify, where – a little embarrassing that they picked what they picked. But you've also – the problem here is this larger issue of how do you govern this new technology space? We decided at the dawn of the commercial internet that weak governance was the way to go. It was probably the right choice in 1996, but now we're haunted by some of these issues.

There's a decline in trust. And I think Mollyann has talked about this before – a decline in trust in traditional media, right? This was going on before COVID, but it's – COVID has accelerated it. There's a loss of credibility. The media's become an arena for competition over ideas – not a marketplace, competition – rather than a source of truth. And I think that competing truth – I love to – I promised I was going to mention Michel Foucault, but I can't resist. When Rudy Giuliani said, "truth, there is no truth," he was channeling for a French philosopher from 30 years ago. That's a widely spread opinion, though.

Part of what we're seeing is a discontent with the democratic governance systems we have now. I've written in other places about how these will need to change in light of the information revolution, the technological revolution. Elite governance in particular is coming under greater scrutiny. And on a bad day, I think we're having a Marie Antoinette moment, you know, where the reaction is too often "let them eat cake," right? This is not just the U.S. And so you've seen this in Europe, even in Canada, which is not the place you would normally think of. The populist moment has been captured by the anti-vaccine crowd. And one of the things they've done that's successful is what we could call rhetorical capture. If you think of the phrase "my body, my choice," that didn't start out as an antivax thing. And this is one of the skillful rhetorical techniques, to capture the rhetoric of your opponents.

The hard core – and I like the slides a lot, Molly. The hard core is going to be difficult to persuade. So I think the question that the report addressed and that we can talk about today is how do we respond to this? And the first step is to be effective and to be seen as being effective. And we've had some good success there, after a ragged start. It needs probably to be local, right? You have to map any response to trust. And if the elites in the media are decreasingly trusted, you need to think of who are those local sources? Who

are the effective messengers for any counter-messaging? Quick answer, not politicians, not the media, right? So who is it that we can identify? And unfortunately, I would put some of the national health authorities in that category. They've been politicized in an unhelpful way.

In the context of this erosion, the larger political erosion, the vax – antivax message is going to be very difficult to reverse for some populations. I was actually surprised at your slides. I would have put it more around 20 percent, which is usually the hard core for these people. And you actually suggested it was lower. We can talk about why that is. The thing we don't want to lose sight of, though, is that the message has been effective for many populations, right? So some of the messages that were appeared to work are emotional as well as factual, right? Vaccines work. They're best for your family. And you've got the success of science. It amazes me how quickly – we've done a little project on how long it took to develop COVID vaccines versus Polio vaccines where there, time was measured in decades, right?

So these are things you can build on. You can build on success. You can highlight that science still works, which is unquestioned. And our goal should be, how do we do a faster transition to getting people to trust? If you were to look at the trend line that was in the data that we saw: started out, trust very low, right, and it's accelerated over time, building on the success of science, building on the messaging.

So for the future, for security and for public health, how do we think of ways to accelerate the growth of trust in the solutions that science puts forward? I think these are all reasonable goals, but we can be faster in converting the 80 or 90 percent of the population that can be converted. That hard core – we may never get them. But that is not failure; that is just a success that is not complete but, overall, pretty good. So that's a positive note to end on. But how do you accelerate the acceptance of trust in the solutions put forward by vaccines?

Dr. Bliss: Thank you, Jim. You know, if I could follow up just with one quick question. You know, you've talked about accelerating a sense of trust and restoring some kind of faith in expertise or building a greater discussion about that, and yet, you also talked about the fact that the social media – or the world of social media really allows everybody to create their own narrative and really deconstructs that idea of expertise. How much capacity do you think the social media world – you know, the social media companies and others – how much capacity do they really have to create trust and deal with these challenges?

Dr. Lewis: Well, this is a global phenomenon and so every big economy has decided that we need to regulate big tech. Right? So the U.S., Europe, China – we may not like China – India. The Chinese solution probably won't work here, but it is

very effective. And I think you see a lot of countries exploring with how you regulate content in a way that's respectful of freedom of expression without allowing some of the excesses. The companies themselves are torn because much of their success has come from the fact that they are open, right? And there's this larger debate, are they a public space, should anyone have the right to say whatever they want? You could look at Australia where you've seen some interesting regulation. You have the Section 230 debate here, which is a confused debate because some of it is opening up the media – the social media platforms more. But I think you've got an effort to redefine responsibility and freedom of expression that will take some time to work out. And the Europeans are sort of a middle course, the Australians. We, of course, unsurprisingly, are an outlier. Just get used to it; you know, we'll catch up with the rest of the world later on.

Dr. Bliss: Thank you.

Steve, I want to turn to you. You know, according to the data that Molly has shown, you know, we see pretty continued politicization of vaccines and vaccine uptake, with, to some extent, party affiliation or at least association now correlated with vaccine outlook, maybe not directly connected, but, you know, as Molly showed, there were some tendencies in terms of party outlook and vaccine outlook. But we've also seen PPE, like masks, along with COVID-19 therapies – some recently authorized for emergency use, others still under investigation – highly politicized as well. Now, you recently observed the January 23rd rally here in Washington at the Lincoln Memorial when vaccine mandates were the topic, but some of the groups that were still protesting the 2020 election results were also present. So I just wanted to ask you to talk a bit about how we've seen the politicization of vaccines in the U.S. over the past year, how some of that has changed, and how likely you think we are to see the issue of vaccine mandates play out in the 2022 midterm elections.

Dr. Morrison: Thank you.

And thanks so much, Mollyann, for all the amazing work that you've done over the last couple of years. The survey work is just remarkable.

And Heidi, thank you so much for your leadership on these matters and the ability that we can continue working together, and Jim, all of your insights and willingness to partner with us.

OK, the January 23rd Lincoln Memorial gathering sort of brought together a lot of themes. And, I must say, going down there got me thinking that a pretty remarkable transformation in America has happened in a very short period of time. And what I mean by that is a fairly pre-COVID anti-vaxxer movement

was something of concern in America, but it was not seen as deeply embedded and on the move to the degree that we see it today.

What we see today is a really rapid politicization and hardening of views, a politicization of almost every intervention connected to this, and a very hardening of views along partisan grounds, and a shift from being anti-vaxxers not – no longer is that an opinion. Now it's a tribal identity. And that's a very important transformation that has happened here in the United States.

Two thirds – as Molly indicated, two thirds of the unvaccinated are Republicans. OK, that tells us something. I'll say a bit more about how this has become a broader set of alliances and a deeper part of the party structure itself. And we are at a far worse point today than we were 18 months ago with respect to this. What we have today is not just an anti-vaxxer movement with 12 predominant forces, the dirty dozen that have been identified by some of the early analysts. What we have is a broadening front of war that's operating under the rubric of freedom. It's operating under the freedom banner.

So you can be anti-science, anti-vax, anti-masks, suspicious of the therapies being promoted. You can attack local and state public-health authorities. You can attack school boards. It all comes together in a common agenda of freedom and reaction. And it's now forming alliances with the big-lie advocates, the anti-democratic forces, and an amalgam of other motley characters that are white supremacists. And at the Lincoln Memorial you can see the entire home brew there. Everyone was there.

And you also saw the new heroes that are being created and some of the old heroes. What I mean by that is a new dimension is that Joe Rogan can elevate Robert Malone and turn him into a national celebrity in one appearance December 31st and follow on, embrace and applause and elevation across Tucker Carlson and Laura Ingraham and all the other personalities who've embraced this sort of fever at the moment.

You also have defiance, open defiance, I mean, and not stepping away from the Lincoln Memorial, but you look at Aaron Rodgers. You can look at Kyrie Irving. You have iconic celebrity personalities who are openly defiant in rejecting what the basic rules of the road are with respect to vaccines.

So I think we've seen a dramatic shift. And the one thing – another – I'll add a few other comments on some of the key dimensions. One is this has become embedded within the Republican doctrine and campaign strategies. Jonathan Chait had a piece in New York Magazine last week in which he made the argument that the base has embraced this broad-front war, and the others within the party who think these folks are nuts have simply given up.

And so look at what we're seeing. In Youngkin's campaign for governor in Virginia, the school-district issues around masking and parental rights became a flashpoint, and it played beautifully. Look at Governor Abbott's campaign for reelection. Look at DeSantis' campaign for reelection. Look at Ron Johnson's campaign for reelection. It is suffused with this broad-front war right now. It's becoming a sort of test of your political loyalty and the like.

In the Senate front, look at what's happened with the abandon in terms of Senator Paul and Senator Marshall attacking, on national television, Tony Fauci.

I'd say another point that has helped this transformation, frankly, has been the introduction by President Biden in September of the broad mandates, which set the stage for confrontation and contestation in the court between the governors and the like. And it became sort of – it created a battleground. It created a very good battleground, where this could be further churned forward.

I would say also that there is – there is, around the edges of this, the attention and a potential for violence. And we've seen that potential for violence realized in similar or comparable situations in Europe. In Europe you have a similar phenomenon. And I'm hoping Heidi can say a few words about this. What we're seeing in Europe tracks very closely, only what we're seeing in Europe is much bigger scale open public protests, and much more open violence.

But I do believe that there is a menacing aspect of this, a tension, and a threat that comes with this. Now, this is kind of paradoxical and discordant with some of the data that Mollyann put forward, because there's a lot of Republicans who are vaccinated – fully vaccinated and fully boosted. But they're living within this world that has been captured. And how do they walk that back?

And so a few final thoughts on this. Is this going to carry over to childhood immunizations now, this assault? Is that the next front? Deep, deep trust – distrust in America was the predicate to this. And also, the exasperation and sense among public health officials, communicators, those at CDC, FDA, those who were the designated communicators, you see a certain resignation and exasperation. They simply don't know how to respond and manage this situation. We're at this moment where they're losing the war. And it's not clear what to do next.

We have become – in terms of international implications – we've come to be perceived as the dynamic generators of new ideas in this field. In other

words, we are seen as an exporter of these ideas into other environments. It's interesting how in Austria, or in Germany – Heidi can comment – in Belgium there's reference to what is happening back here in the movement and the innovation, the freedom banner, the broadening of the front of war.

It doesn't help us that – I mean, OK, we're in a moment of transition right now, right, where people are talking about going to the post-Omicron moment, where we may see a ceasefire of the virus. We may see tranquility. We may see – so what is that going to mean? Is that going to take away some of the drama, and some of the confrontation and contestation and some of the energy feeding this phenomenon?

Or does it mean that it opens the door for those people who say: "We're done with this, we're done forever? Vaccines, we told you, didn't matter." We should not be operating internationally in engagement. I think what's happening here in the United States has huge implications around the ability of the White House to lead internationally, whether it's domestic – whether it's a Republican or Democratic administration. I think that this – what's happening here in this country weakens our reputation and raises doubt about our commitments, and our ability to even manage.

The fact that the comparative data on the ICU beds and mortality of Omicron in the United States is three to four times the levels experienced in Germany and the U.K. and elsewhere is just an astonishing fact around how badly we have failed our public. And we're approaching, of course, a million dead by May 1, which is an astonishing number. We seem somewhat inured to that reality. But others watch that number and go, wait a second. What has happened? Thank you.

Dr. Bliss: Steve, thank you so much.

Heidi, I want to turn back to you for a second. You know, Steve has raised a lot of good points that I hope we'll be able to follow up on. But this – in particular, you know, this rejection of COVID-19 vaccines in the United States and Europe and elsewhere seems to have shifted somewhat from this hesitance over safety and efficacy, as Molly's data really showed, to a great recognition of the science and, you know, really a greater – you know, a great focus on freedom and individual rights. And so, you know, I just wanted to ask you, you're living in Brussels where recent protests calling for liberty in the face of vaccine requirements turned violent. But there have also been protests around these issues in Barcelona, in Stockholm, in Helsinki, and elsewhere.

One thing I wanted you to comment on, if you would, is, you know, does the incorporation of protests against vaccine mandates under the umbrella of freedom or liberty, does that make it easier or more difficult to address the

larger challenges of hesitancy, misinformation, and trust, overall? And I see you've got some headlines right here.

Dr. Larson:

Yeah. I just wanted to pick up on what Steve was saying. It was interesting. The rumors that were circulating here in Brussels and in other countries was that Robert F. Kennedy, Jr., was going to be on the steps in Brussels instead of D.C. (Laughs.) But there was – I mean, this was pretty – this was the same day there were simultaneous protests in different places in Europe, although Brussels was kind of where people came to, partly because the EU is here so it attracts kind of Europe wide protests more than some of the other settings.

But it was pretty violent, actually. They were throwing – lifting some of the gates – you know, the gates that hold crowds back and throwing them onto police going down stairs into subways. I mean, it was not a peaceful protest, and what really strikes me is the aggressiveness of some of these protests. And it's not – I mean, vaccines are just an excuse. I mean, as far as – I mean, this is very different from what we were facing pre-COVID.

There were anti-vaccine protests before but nothing like the nature of what – as Steve was outlining. What's happened under COVID is these different protest groups around a whole different group of, frankly, disparate issues have come together in the context of COVID under this banner of freedom, and this was – this is not a brand-new banner. This is something that Wakefield and Kennedy, Jr., already had started to – and brew as the new mantra that was a bit – was more untouchable in a sense of, particularly, with what was going on with all the demands on, you know, as Jim was talking about, these platforms. The more and more the platforms got restricted the more it pushed these movements offline but also even online, changing their narrative to words framing that you can't delete – you can't delete freedom. You can't – I mean, the language, the way the freedom – the pro-choice, the narrative is it puts them in a space that in all these – in the growing restrictions on all the things you can say and not say, nobody can argue with freedom.

So the question is freedom for who, and just in the debate – I was just in on vaccine mandates that came up – it's, you know, some people's notion of – there are conflicting notions of freedom and it's really challenging and there's very much something else going on. So the – I'm afraid – as much as I'd love to see, as Jim was referring to, a faster transition towards trust, I think we have to really change the way we're thinking. This is – and I wrote about this a bit in "Stuck" – we can't fix this in a – we can't get there faster. This is something we need to do all the time.

This is something that needs constant vigilance. It needs – I refer to it as gardening in the book – I mean, it's not that you're going to kind of clip all the misinformation out and – or build that trust because if there's one thing

we've seen in the context of COVID is that it has become more – the sentiments have become more volatile than ever.

And the other thing we're seeing – and there's a very interesting new study that's come out of France saying that just because more people are getting vaccinated because of the COVID pass, because of the mandates, which the reality is mandates do push up uptake, but it doesn't necessarily change their mood. In fact, it may make it worse. And I'll show you a slide just – let's see if I can find it. It's a fascinating study that really looked at – give me a second here – in France, where we had some – they've really made positive changes in terms of uptake with mandates, but this recent study, which I'm going to show you right now, shows the residue of anger it invokes. So, you think you're doing well because you're measuring it with – by jabs in arms, as they say, but what we should be measuring is what's behind it.

So here are we are; this is – again, it's a study on what did we learn with the French health pass mandates, and, you know, it showed that the numbers of uptake went up, but in the surveys, "I'm angry to have had to be vaccinated" – doubts or residents – reticence – (laughs) – sorry – at the time of vaccine. So I think we need to be asking different questions at this stage of the game because we have been too focused on success being increase in vaccine uptake, because the reality is, people are agreeing to things in the context of COVID because they get that beer, they get that burger, they get to go to the café, they get to go to a rock concert, but it's a very temporary, pragmatic – it is not changing the underlying confidence, and that's what worries me the most. And I think that we – coming back to Jim, I'm totally with you that we need to, I would say, accelerate on our recognizing this – (laughs) – and really working harder at it, and I really want to come back for a longer conversation on, you know, the – in the social media and the internet space because this is bigger than – this is big. And I'm really concerned about how we come out of this.

It's interesting, Steve, you gave more – coming out of the omicron to a more peaceful stage. I didn't hear you mention what we're hearing a lot of here about the omicron variant that has become a variant of concern. There is one that has been on the sidelines that there are still some anxieties about that one popping up. So this story ain't over, as they say. And it's – yeah, I'm not – I don't mean to be so pessimistic, but I think this is a whole new deal. And I – the other thing that fascinates me – and going back to what Jim mentioned about "my body, my choice." I remember it from – I had the book. It was like – (laughs) – it was a woman's health book and part of a woman's health, taking charge. You know? And a lot of these mantras are, you know, old. They keep coming back. And it talks about some deeper things. But I'm sorry, I think I just confused things more than I answered anything.

But I do want to also – the one thing that in my Mollyann’s presentation about this rigidity of the dark green and also the “I just don’t want to talk about it, thank you very much.” Danielle Ofri, who’s – she’s a brilliant writer, physician. She did a fascinating article around H1N1 called an emotional epidemiology. And talking about how, you know, at the beginning her patients were, like, when can I get the vaccine? Where is it? And by the time the vaccine got there, and the threat seemed to wane, she was, like – they were, like, I don’t – I don’t need that vaccine. She recently wrote a piece that was talking about a very different situation, and very different patient sentiments. And this – what she called a unique obstinacy around the COVID vaccine that she has never faced before in any of her clinic conversations. So I guess what we have in front of us is how do we get into this? How do we, I don’t know if penetrate is the right word, but soften this unique obstinacy to even be able to have the conversation?

Dr. Brodie:

Katherine, can I add just one really, I think, important caveat or note to this conversation? One thing that I worry about going forward – I so agree with everything everyone said about we are coming out in a very different place than we entered with attitudes about science, and trust, and who’s an expert, and who do I believe in, and what my options are when I am offered a vaccine.

(Dog barking.) Can you hear her? Sorry. That’s Charlie. She has a lot of thoughts as well. (Laughter.)

But one thing I think is really important for all of us to keep in mind is that this group, in terms of not wanting and not interested in a COVID vaccine, they are also very clear that they are not antivaxxers. And we need to be very clear about not lumping that all together. They do not – they will be the first people to tell you: I believe in science. They will be the first people to tell you: I’ve gotten my kids all their vaccines. You know, I got my, you know, normal vaccines. So I think as we’re thinking about this going forward, and how this dark green group is going to respond to other pandemics, or to other vaccines, or to health and science data and information in the future.

I think it is important that we do not treat that group, nor expect them to react, the way very traditional antivaxxer that we thought of prior to the COVID vaccine. It is a different mindset. It is a different group. That antivaxxer movement I think is doing a good job embracing this group – (laughs) – but it is not the same. And I think we have to be cautious about moving forward.

Dr. Bliss:

So we’re just about at the end of our hour. So I want to – this has been an amazing discussion, with a lot of really interesting points raised that we could devote another hour each to many of them. But we’re here now. So I want to turn to each panelist just for a short, very brief reflection on what

you think we'll be seeing at the end of 2022, given what we've seen since the end of 2020 – or, you know, since the beginning of 2021. What we'll be seeing at the end of 2022, or what you hope to see at the end of 2022.

So, Molly, let's start with you, since you've kind of already started to preview a little bit about what you think we'll be seeing.

Dr. Brodie: I think at the end of this year we're still going to be incredibly deeply polarized on these issues. I think that our – that we will not have started turning the corner on trust in science and trust on institutions, which I think we'll need to really work hard for for the future. I think that that we did learn a lot of very valuable lessons about breaking down barriers to access. There is a question from the audience in the chat about people who, you know, were hesitant to get vaccine just because they couldn't take time off work for side effects. And we've – we have made – we have made strides in helping employers understand that they need to make those things available to their employees. And so there are going to be some long-term better institutional things in place for people the next time this comes away, but we are nowhere near addressing our polarization, our distrust. The long legs of this are not going in the right direction by the end of 2022, I don't think.

Dr. Bliss: Jim, thoughts. End of 2022, what will we be seeing?

Dr. Lewis: I hope that what we'll be seeing is that people use the success of the development of COVID vaccines to build a case for greater trust in these things. You're not going to win the battle – the war, right, because there are larger social and economic issues that we will need to address. And in that sense, attitudes towards vaccination are a symptom. But if you come out and show people, look, this worked. You know, death rates went down. Development was very quick. You have to – you can't just passively sit back and admire yourself. You have to go out and make the case: Here's the model we have, and it worked.

But the larger issues, those are harder. And the one thing I'd say about Mollyann's is you have a population that's susceptible to disinformation and to doubt. And they may not be the classic antivax population, but will they be susceptible to doubt and disinformation in the next round? And so I hope what we see at the end of 2022 is an effort to start plugging some of the leaks in the boat here of public trust.

Dr. Bliss: OK. Steve, your thoughts about the end of 2022. How are we going to plug the leaks in the boat of public trust? (Laughter.)

Dr. Morrison: I think it's going to be really mixed. I think that – I agree with what Molly said. We're in a big hole in terms of lack of trust. We're in a big hole in terms of our inability to communicate effectively. The common perceived threat

has diminished, and that's going to – that is going to accelerate. I think those three things in combination invite a lot of tension and contestation here. We're in an electoral cycle that's going to drive things forward.

Maybe in the course of that electoral cycle we can get some good ideas thrown back. Maybe we get some additional thinking around how we need to learn to live with – live with this virus in all its various forms, but also address these trust issues, and begin to restore public confidence and trusting our authorities. Maybe we'll introduce some new communicators and some new faces, and some new voices into this. Because this battle's gotten pretty tired and weary.

The pandemic itself is going to change. We can't say exactly. The proportion of our population that's unvaccinated and has had – and has not been infected by the virus is going to be vanishingly small, and that's a good thing, I think, in terms of the course of this. We're still going to have dangerous variants. We're still going to have to – there's no magic moment. There's no wonderful, tranquil ceasefire that's going to suddenly stick with us for very long. But we can – we can change our thinking around how we manage this with the wall of immunity that we have, even if it's – if it's subject to waning in that period.

I would hope that we would recognize the need to really take on this problem of trust and communications, which is really so deep and so dire. And I have not seen any initiative come forward in the United States to really address this. It's referenced in some of the legislations. It's referenced in our work, the CSIS Commission. It's acknowledged rhetorically. But I haven't seen any concerted effort to really figure out how to begin to answer the questions for which we really don't have very good answers right now, on how we're going to deal with this.

Dr. Bliss: Great. Thank you.

So, Heidi, I want to turn to you for the last word, at least the last word on this session. I know it won't be the last word on these issues. How do you think things will look or how do you hope things will look by this time next year?

Dr. Larson: Well, I hope we're in a better place and not facing a new – a new pandemic, an influenza one this time. (Laughs.) We need a breather.

But I think we need to – we really are going to need to work hard in 2020 to – for a better outcome at the end of the year. We should be now thinking, exactly to your question, what do we want it to look like and what do we need to invest in now. And I think we have to, as I said, handle with care this transition where people, as Steve said, are feeling the perceived threat has declined but we still have other challenges. There are so many other things

that, you know – it's every day you learn about something that's not working because of the COVID impacts. So there's a lot of parts of the system that aren't functioning, partly because of COVID but partly COVID has exacerbated them.

But I think that the trust building is going to have to happen way beyond vaccines. As Jim said, it's a bit of a symptom of a bigger, systemic issue. But I think there are gestures at community level, at other levels.

What's really struck me is I've been – I mean, I had a letter from somebody even working in NIH who really respects science, really respects vaccines, but was not going to take this vaccine because the government was requiring it. And that was her message to the government, that this was not the right thing to do. This was one of, I can't tell you, multiple communication to me that people who wanted a vaccine changed their mind when they heard they were mandated. So I think that that's something we have to remember and think about moving forward, how we handle the – that people want to feel respected. They want to feel their dignity is respected, that they have enough judgment to make their own decision and they feel like they're not being respected.

My other concern is that – and, Jim, you probably are more aware of this than any of us at a deeper level – but 9/11 has changed the world. It changed it in the ways that the levels of security, the level of interrogation, the levels of things you have to go through during that time have stuck. They haven't gone away. And what I think there's a deeper anxiety is – and it is happening in some countries, particularly more authoritarian states – is these COVID restrictions are not going to go away when COVID goes away. And this is a – it's a big anxiety. It's a deep public anxiety in a number of settings. It's, you know, after COVID they're going to – they're going to use excuses to keep these things going. We're going to be tagged for life.

So I think that we need to put some time limits on some of these restrictions and help also with the narrative to call out to people what restrictions are ending, make a clear point of when they're ending, because people don't feel like they're ever going to end even when COVID goes away.

Dr. Bliss:

Well, I hope we can come back in another year and look back over 2022 and see how some of these have changed hopefully for the better, and that we'll have a fresh dialogue around some of these issues related to trust and public confidence and politics in the years ahead.

Let me thank all of our panelists for joining me this morning for such a wonderful discussion. I am grateful to Michaela Simoneau from the CSIS Global Health Policy Center; as well as the CSIS audiovisual team, particularly Mary Wright and Stefan Welsh, for their expert assistance in

running this livestream. We apologize for some of the technical difficulties experienced earlier, but just know that we will be editing that glitch or gap in the recording. So the whole – the whole part will be online shortly, and you can go back and view that section that may have been blacked out for a few moments.

But I thank all of you for joining us today.