COMBATING CORONAVIRUS CONS AND THE MONETIZATION OF MISINFORMATION

HEARING

BEFORE THE

SELECT SUBCOMMITTEE ON THE CORONAVIRUS CRISIS

OF THE

COMMITTEE ON OVERSIGHT AND REFORM

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COMBATING CORONAVIRUS CONS AND THE MONETIZATION OF MISINFORMATION

Wednesday, November 17, 2021

HOUSE OF REPRESENTATIVES
COMMITTEE ON OVERSIGHT AND REFORM
SELECT SUBCOMMITTEE ON THE CORONAVIRUS CRISIS
Washington, D.C.

The subcommittee met, pursuant to notice, at 2:13 p.m., in room 2154, Rayburn House Office Building, and via Zoom. Hon. James E. Clyburn (chairman of the subcommittee) presiding.

Present: Representatives Clyburn, Waters, Maloney, Velazquez, Foster, Raskin, Krishnamoorthi, Scalise, Jordan, Green, Malliotakis, and Miller-Meeks.

Chairman CLYBURN. Good afternoon. The committee will come to order.

Without objection, the chair is authorized to declare a recess of the committee at any time.

I now recognize myself for an opening statement.

Since the pandemic began, Americans across the country have been targeted by an unprecedented level of misinformation about the coronavirus. Bad actors have promoted false and even dangerous products as coronavirus treatments and have pushed lies disputing the safety and effectiveness of coronavirus vaccines.

Coronavirus misinformation spreads wildly online, including on social networks like Facebook, Twitter, and YouTube. While large social media platforms have made efforts to stem the spread of coronavirus misinformation, they have not done enough. Leading purveyors of false and misleading information continue to reach broad audiences.

By feeding the American public falsehoods about the virus, vaccines, and treatments, these bad actors make it harder to distinguish between legitimate and illegitimate sources of health information and harder to know how to protect ourselves and our loved ones from the coronavirus.

Overwhelming evidence shows that the most important thing Americans can do to protect themselves from serious illness and death from the coronavirus is to get vaccinated, yet 60 percent of Americans still say they will not do so. Influenced by misinformation, some Americans have ingested dangerous substances or even delayed receiving evidence-based treatment after being diagnosed with the coronavirus.

Those seeking to exploit the pandemic have even found ways to capitalize financially off misinformation, creating online market places where they sell fake cures, fraudulent medical products, and

phony documents to circumvent public health measures. Recently, as more employers, schools, restaurants, and other businesses require proof of vaccination, sales of fraudulent coronavirus vaccination cards and vaccination exemptions have skyrocketed.

The Select Subcommittee is actively investigating those who exploit the fears of the American public to push and even profit from selling unproven coronavirus treatments, such as hydroxychloroquine and ivermectin, which the Nation's top public health agencies agree are ineffective against the coronavirus and can even cause harm.

On October 29, our committee opened an investigation into two purveyors of misinformation that have reportedly conned Americans out of more than $6.7 million by facilitating thousands of prescriptions for disproven coronavirus treatments. We must find ways to stop those who seek to profit by sowing doubt, spreading falsehoods, and exploiting fears amongst the American people. By encouraging the use of bogus treatments, these groups, along with many others, have put American lives at risk and prolonged the pandemic.

To effectively curb the spread of the virus and safeguard American lives and wallets, we must curb the spread of misinformation. Success in this fight will increase vaccine confidence and bolster support for evidence-based public health measures, and it will protect Americans from being misled into spending their hard-earned money on products that are useless at best and harmful at worst.

The Biden-Harris administration has taken positive steps toward these goals. The surgeon general is helping health professionals, faith leaders, teachers, and parents identify and respond to these lies. The administration also provided $140 million in funding through the American Rescue Plan to continue to support community-based organizations in building vaccine confidence across communities of color, rural areas, and low-income populations.

Addressing online coronavirus misinformation is a complex problem that requires the balancing of competing interests. Government officials, social and traditional media companies, public health officials, and other stakeholders must work together to seek practical solutions, but first, we must agree that online coronavirus misinformation is a dangerous problem that must be addressed.

I hope that my colleagues on both sides of the aisle can agree on that point and that we will all listen constructively to today's witnesses on the nature of the misinformation challenge and how to tackle it effectively, efficiently, and equitably.

I now yield to the ranking member for his opening statement.

Mr. SCALISE. Thank you, Mr. Chairman.

And I welcome all of today's witnesses. Look forward to hearing your testimony, but first let me be crystal clear: We all denounce attempts to spread COVID disinformation, and we condemn groups and individuals who sell or promote counterfeit PPE or otherwise profit from unregulated and potentially dangerous treatments that put individuals' health and safety at risk.

But there's another type of COVID misinformation that is equally dangerous for our public discourse. Many Democrats like to label anything they disagree with or find inconvenient or off their message as, quote, "misinformation" or "disinformation."

COVID has become a major battle in our current culture war. I've been saying for more than a year that the politicization of COVID and vaccine mandates is shameful and must be stopped. The vaccines have proven safe and effective and have saved countless lives, but I'm very concerned with the path the Biden administration has taken to shame, bully, and end the careers of Americans that don't think exactly like they do.

Instead of heavy-handed mandates, Americans should be allowed to have those conversations with their doctors. As we're encouraging people to get vaccinated, there is clear hesitancy, and we need to recognize that. We need to encourage people to go talk to their doctor about the hesitancy, not to threaten them or shame them or try to take away their livelihoods.

Big tech with online platforms, like Facebook, YouTube, and Twitter, have arbitrarily and inconsistently censored speech, with little transparency and no independent oversight or due process in the name of, quote, "misinformation." For example, at the beginning of the pandemic, social media and other news outlets repeatedly censored and labeled any posts or discussions about the possibility the virus originated in the Wuhan Institute of Virology lab as misinformation.

As it turns out, the lab-leaked theory is an increasingly viable theory for COVID–19's origins. Big tech censorship helped hinder the United States from getting to the bottom of where the virus came from.

And I'll again reiterate, Mr. Chairman, that this Select Subcommittee needs to hold a hearing on the origin of COVID. There have been many experts, scientific experts from all realms of the political spectrum, who have now suggested that the virus started in the Wuhan lab and, in fact, that it may have been partially funded through gain-of-function research that was initiated with American taxpayer dollars through NIH. We need to have a hearing on that. People want to know where this virus started from so we can stop it from happening again.

Social media platforms refer to the World Health Organization or other government health authorities, like the Centers for Disease Control, as the baseline to flag posts as misinformation, but the science and our understanding of the virus has consistently evolved over the past two years. We learn new information about COVID all the time, so what the CDC says one day could be misinformation the next day, or censored material could be misinformation under today's definition but not under tomorrow's.

As a result of flip-flopping standards in policies, confusion reigns and the American people's confidence in health officials diminishes with these moving standards. For example, at the beginning of the pandemic, we were told we didn't need masks. Then CDC recommended them for everybody. As vaccinations became available, the recommendation was lifted for the vaccinated. But now masks are recommended for everyone again.

The CDC currently recommends masks for kids in school, but some studies show that mask-wearing inhibits the learning environment that can have harmful effects on young children's development. Is it misinformation to balance the alleged benefits of the CDC's current recommendations against the well-documented

harms that are being caused as a direct result of the ever-changing COVID mandates?

And we know that when the WHO and CDC review research results, draw conclusions, and prepare guidelines, they are not immune from mistakes or political influence. Remember when the Biden administration's CDC was caught red-handed letting a powerful teacher's union edit the CDC's guidance on safely reopening schools.

Mr. Chairman, we should have a hearing on that manipulation of the data and the science and that political interference by the Biden administration.

But perhaps the deadliest battle in our COVID culture war is the politicization of the vaccine by prominent Democrats. During the Trump administration, Democrats continually made brazen efforts to undermine the public confidence in the COVID–19 vaccination and in the FDA itself. At the time, President Biden and Vice President Harris, both publicly stated that they would not trust a vaccine developed under the Trump administration.

Different Democrat Governors said they would require their state's public health departments to independently review any FDA-approved vaccine. They politicized the vaccines before they were even approved, fostering public distrust from the very beginning just because they hated President Trump.

Now President Biden's authoritarian vaccine mandate on private American businesses and their employees is adding fuel to that fire. Bullying Americans into getting vaccinated is never going to reduce the hesitancy that some people have. People should be able to make those choices between themselves and their doctors, without risking their livelihoods or the ability to provide for their families.

This unlawful mandate was recently blocked by Federal courts, but the damage is already done. Far too many Americans now believe the vaccines have been used as a political weapon yet again. This is an awful and irresponsible public health policy. As Members of Congress, we have a duty to defend the right of individual autonomy, public discourse, and differences of opinion, whether it's online or in society.

Allowing the government or social media giants to determine what is true or false and, therefore, misinformation based on their interpretation is dangerous and opens the door for manipulation of facts and political propaganda, which we've all seen too often in this debate. We should be able to discuss the risks and benefits of various policy choices.

Scientists and public health experts have repeatedly disagreed throughout the COVID–19 pandemic. Questioning the evidence and opinions of these same scientists and policymakers is necessary to identifying correct potential errors and enable better policymaking and intellectual diversity. I wished that this subcommittee would serve as a venue for that debate.

With that, Mr. Chairman, I yield back.

Chairman CLYBURN. Thank you, Mr. Scalise.

I'm now pleased to welcome today's witnesses.

I would first like to welcome Dr. Kolina Koltai. Dr. Koltai is postdoctoral fellow at the University of Washington, Center for an

Informed Public. She researches social networking sites and digital communities, with the focus on information and misinformation relating to vaccines.

I would next like to welcome Dr. Jay Kennedy. Dr. Kennedy is an assistant professor at Michigan State University of Criminal Justice and its Center for Anti-Counterfeiting and Product Protection. He has studied consumer frauds, counterfeiting, and other consumer product crimes for over a decade. Dr. Kennedy's recent research includes studying consumer frauds related to the coronavirus.

Next, I am pleased to welcome Dr. Jeffrey Aeschlimann, an associate professor of pharmacy practice at the University of Connecticut, School of Pharmacy. Dr. Aeschlimann is an expert in drug therapies for infectious diseases and has treated coronavirus patients at the University of Connecticut John Dempsey Hospital throughout the pandemic.

I would also like to welcome Dr. Jay Bhattacharya, a professor of health policy at Stanford University and a research associate at the National Bureau of Economic Research.

Finally, I would like to welcome Maria Teresa Kumar, the founding president and CEO of Voto Latino, a national nonprofit advocacy group. Voto Latino recently launched the Latino Anti-Disinformation Lab, with Media Matters, to combat coronavirus disinformation aimed at Hispanic communities. Ms. Kumar is a frequent political commentator on MSNBC, NPR, and PBS, and received a 2010 Emmy nomination for outstanding news discussion and analysis.

Will the witnesses please stand and raise your right hands?

Do you swear or affirm that the testimony you're about to give is the truth, the whole truth, and nothing but the truth, so help you God?

You may be seated.

Let the record show that the witnesses answered in the affirmative.

Without objection, your written statements will be made part of the record.

Dr. Koltai, you are recognized for five minutes for your opening statement.

STATEMENT OF DR. KOLINA KOLTAI, POSTDOCTORAL FELLOW, CENTER FOR AN INFORMED PUBLIC, UNIVERSITY OF WASHINGTON INFORMATION SCHOOL

Dr. KOLTAI. Good afternoon, Chairman Clyburn, Ranking Member Scalise, and members of the subcommittee. Thank you for the opportunity to be able to testify on this issue of the widespread proliferation of vaccine misinformation online. I want to acknowledge and thank the other witnesses here today for also providing their testimony.

I'm a postdoctoral fellow at the Center for Informed Public at the University of Washington. I've spent the majority of my career as a researcher and an academic exploring vaccine hesitancy and vaccine misinformation. I study the ways vaccine-hesitant people use online spaces and social media platforms to find, spread, and as-

sess content about vaccines. I'm immensely honored to provide my testimony here today.

The sustained COVID–19 pandemic has led to the dissemination of conflicting narratives and messages about vaccines, from fundamental questions about the safety and efficacy of the COVID–19 vaccine to more outlandish conspiracy theories. Social media and online platforms have been struggling with the difficult and complex problem of how to mitigate the spread of misinformation on their sites while still allowing users the freedom to discuss and share information about the pandemic.

My testimony today will broadly highlight the ways that vaccine misinformation continues to thrive online despite efforts from social media platforms. I'll focus on three important takeaways today.

First, that prominent superspreaders consistently disseminate vaccine misinformation online despite social media platform content moderation policies. From the Center for Countering Digital Hate's reports to Facebook whistleblower Frances Haugen's testimony, there's evidence to support the idea that a small group of people are responsible for an outsized impact on vaccine misinformation content online.

Further, as indicated in these reports, very few sanctions are enacted on the accounts that consistently spread viral misinformation. The current community guidelines and platform policies are both insufficient and inconsistently enforced. Drawing from research by myself and my colleagues, Dr. Rachel Moran and Ph.D. student Izzi Grasso, as well as the work from other researchers in the space, we know that vaccine-opposed influencers could be highly proficient in getting around platform content moderation policies. From trying to avoid algorithmic detection to using features that have less scrutiny to using dog whistling language, accounts that spread viral misinformation continue to go unchecked.

At minimum, there needs to be a greater effort from social media platforms to limit the algorithmic spread and promotion of misinformation on their platforms, especially from prominent influential accounts. As my colleague, Renee DiResta at Stanford says, "You have a right to speech, but not a right to reach."

Social media platforms have responsibility to the public health of the Nation to prioritize this effort. I recommend members of the committee continue to put pressure on social media and online platforms to minimize the amplification of vaccine misinformation from known superspreaders.

My second takeaway is that vaccine misinformation is not isolated to one platform but, rather, is a cross-platform issue. While addressing cross-platform spread is a complicated problem, platforms need to work together to mitigate the influence of prominent superspreaders of vaccine misinformation. These accounts should be removed across multiple platforms, not just one.

The removal of problematic account on a singular platform does not sufficiently mitigate the influence of that individual. Vaccine misinformation can also spread in spaces we may not expect, like on Nextdoor, Amazon, Linktree, and GoFundMe. For example, some of the work of my colleagues at the University of Washington highlights the way that Amazon's algorithms promote vaccine misinformation. The work of Dr. Tanu Mitra and Ph.D. student Prema

Juneja show that in searching for vaccine information on Amazon, the top recommended products are often books that support vaccine refusal and contain vaccine misinformation.

And while we can acknowledge that Amazon wants to be able to provide an array of sources, we urge that resources that promote vaccine misinformation should not be algorithmically promoted to the top. All online platforms, especially those involved in e-commerce, need to evaluate how their sites contribute to the spread of misinformation and the financial profitability of misinformation.

I recommend that members of the committee urge social media companies to coordinate their approach to reprioritizing or removing misinformation from superspreaders.

And third, there should be more action taken against those who are spreading misinformation for personal financial gain. Spreading vaccine misinformation can be a profitable endeavor. Through the promotion of vaccine misinformation, influencers are able to make a profit through the selling of their books, supplements, alternative treatments, consultation services, along with collecting speaker fees and soliciting donations.

There are many different actors in this space. What ties these users together is how they leverage vaccine skepticism and vaccine misinformation toward a profit. I recommend investigations and possible repercussions for those who consistently propagate viral vaccine misinformation, especially those who do so for personal financial gain.

I thank you for the opportunity to testify in this important issue, and I look forward to answering your questions.

Chairman CLYBURN. Thank you, Dr. Koltai.

We will now hear from Dr. Kennedy.

Dr. Kennedy, you are recognized for five minutes.

STATEMENT OF DR. JAY KENNEDY, ASSISTANT PROFESSOR, SCHOOL OF CRIMINAL JUSTICE, ASSISTANT DIRECTOR OF RESEARCH, CENTER FOR ANTI COUNTERFEITING AND PRODUCT PROTECTION, MICHIGAN STATE UNIVERSITY

Dr. KENNEDY. Chairman Clyburn, Ranking Member Scalise, and members of the Select Subcommittee, good afternoon, and thank you for inviting me to testify at today's hearing.

Let me begin by saying that the ongoing issues posed by COVID–19-related frauds will continue to be a serious and persistent threat to the health and safety of American citizens. The individuals and organizations engaged in these mercenary crimes do not take time off for pandemics. They do not care about political ideologies, debates about the science of the vaccine and government policy, or the ultimate social and health outcomes that will result from the virus.

They have leveraged alternative narratives about virus immunity to push dangerous treatments in pursuit of illicit profits. They have also targeted the unemployed and those in financial need as part of efforts to steal personal, sensitive information. And they have sought to divert Federal funds from the people and organizations most in need of assistance.

COVID–19-related frauds are an especially wicked problem because of their scope, the use of false, inaccurate, and misleading in-

formation, and people's general fear of the unknown. These factors combined to create an opportune environment for frauds to proliferate, and fraudsters, thieves, and counterfeiters have never hesitated to take advantage.

The research my colleagues and I undertook came early in the pandemic because we knew that it was not a question of if, but rather of when and how COVID-related frauds would appear. We also knew that criminal schemes would evolve over time.

For example, the Federal Government's acknowledgement of COVID–19 as a public health emergency was quickly followed by reports of the seizure of large amounts of counterfeit testing kits. About the same time, fraudsters began to push coronavirus cure-alls and preventative treatments that were untested and, in some cases, deadly. Later, following the passage of the CARES Act, schemes developed that focused upon the theft of sensitive information, sensitive data, the theft of stimulus payments, and PPP loan frauds.

When anticipation of the vaccine was at its highest yet before legitimate vaccines were available to the public, counterfeit vaccines hit the market and scammers began to set up phony websites to steal information from people who were looking to register for vaccinations. Once vaccines started hitting people's arms, counterfeit vaccination cards that illegally bore the logos of Federal agencies became prolific, and I would say they continue to be prolific.

In short, the evolution of the pandemic has continually created opportunities for fraud. And let me be clear that these fraud issues would have occurred irrespective of the government's response to the virus. There would always have been a need for personal protective equipment, particularly at healthcare facilities, and the depletion of PPE stockpiles would have always created opportunities for counterfeits.

People would have still become sick. Hospitals would have still, at some point, been overwhelmed. And alternative narratives about legitimate and effective medical treatments would still have led fraudsters to push dangerous supplements, chemicals, and drugs. The misinformation would still be there; it just would have taken on a much different form.

In my opinion, there are four things that need to happen to continue to combat the current and emerging fraud risks, and I would also like to reinforce that these risks will continue to emerge as the virus progresses.

The first is that there must be an expansion of activities that proactively identify and disrupt opportunities for virus-related frauds. As the pandemic shifts, new fraud opportunities will develop, and it is essential that we institute crime prevention strategies aimed at preventing the spread of that harm.

Second, there must be increased support for public-private partnerships that work to mitigate pandemic-related crime risks, particularly those—when those efforts work through Federal coordination centers that have a history of building effective partnerships.

Third, we must recognize and find innovative ways to combat the copious amounts of misinformation and disinformation that continue to shape opportunities for pandemic-driven frauds.

And, finally, we must find effective ways to mitigate the fraud risks that threaten vulnerable populations within this country.

In closing, I would also like to impress upon you the fact that successful fraud schemes tend to follow established patterns that place an emphasis on reassuring potential victims of the legitimacy and the legality of the schemes that they perpetuate. Additionally, it is important to remember that when facing a healthcare crisis, people tend to cope with uncertainty by searching for things that make them feel safe and secure.

Finding ways to combat false narratives, misinformation, and criminal schemes that prey upon people's uncertainty and fears must remain a primary focus of sponsored research activities, public-private collaborations, and proactive crime prevention strategies.

Thank you very much.

Chairman CLYBURN. Thank you Dr. Kennedy.

We will now hear from Dr. Aeschlimann.

Dr. Aeschlimann, you are recognized for five minutes.

STATEMENT OF DR. JEFFREY AESCHLIMANN, ASSOCIATE PROFESSOR, SCHOOL OF PHARMACY, ADJUNCT ASSOCIATE PROFESSOR, SCHOOL OF MEDICINE, UNIVERSITY OF CONNECTICUT (UCONN)

Dr. AESCHLIMANN. Thank you.

Members of the House Select Subcommittee on the Coronavirus Crisis, it's my honor to be called as a witness to provide testimony at today's hearing. My name is Dr. Jeff Aeschlimann. I've been an infectious diseases pharmacist and a faculty at the UConn School of Pharmacy for 23 years. In that time, I've helped to manage thousands of patients with a variety of infectious diseases collaboratively with my trusted healthcare colleagues.

Since the pandemic's early weeks, I've been immersed in all things related to COVID–19 infection, treatment, and prevention. I'm a prominent member of my clinical site's COVID–19 "Think Tank" committee, where we discuss new research on COVID–19 treatments and use high-quality evidence and science to improve the outcomes of our patients. I'm honored to have participated in UConn's efforts to train new vaccinators and to directly vaccinate the citizens of Connecticut against COVID–19.

Today, I'd like to speak with you because I've seen first-hand evidence of how the spread of misinformation about COVID–19 treatments can adversely affect the health and personal finances of people with COVID–19 infection. Here's one example.

A few months ago, an unvaccinated patient was admitted to our hospital with severe COVID–19 infection. I discovered that this patient had prescriptions filled for both ivermectin and hydroxychloroquine prior to admission. As outlined in more detail in my full written testimony, both drugs currently do not have clear benefits for the prevention or treatment of COVID–19, neither are recommended for routine use in reputable COVID–19 treatment guidelines, and, in fact, both drugs can cause significant harms to patients if used incorrectly.

My patient began to take ivermectin and hydroxychloroquine once their diagnosis of COVID–19 infection was confirmed. After

over one week of worsening symptoms, despite treatment with these medications, they eventually sought care at our hospital. The patient was admitted and was finally discharged after more than seven days of hospitalization.

This patient's severe COVID–19 infection and costly hospitalization could have been prevented in at least two ways: either by vaccination before the illness occurred or by the prompt administration of proven effective therapies, such as monoclonal antibody infusions.

I noticed that the drugs were prescribed from a practitioner in a southwestern state and that the prescriptions were processed and filled by a Tampa specialty pharmacy in Florida. Although, I know the pandemic has required increased use of telehealth and online mail order pharmacies, the locations of both these providers seemed a little bit odd to me.

With a little bit of Google sleuthing, I found that the practitioner's address mapped to a nondescript office building, and there didn't appear to be any obvious medical practitioners there. Tampa Specialty Pharmacy's address mapped to a warehouse building, which would make sense for a mail order pharmacy. Interestingly, though, the sign on the building said Benzer Pharmacy. Things clearly weren't passing the smell taste for legitimacy, in my opinion.

As I would discover later, the pharmacist owner of this company has had a longstanding history of shady business practices, prescription-filling fraud, and illegal billing practices.

My personal experience seeing the hazards of misuse of off-labeled drugs for COVID–19 is not isolated, unfortunately. I know that there are groups on social media platforms that promote ivermectin and other inadequately studied medications for COVID–19 infection. I also know that online pharmacies will dispense prescriptions for these potentially harmful medications.

Three such groups that I describe in greater detail in my written testimony are America's Frontline Doctors, also known as the AFLD; the Frontline COVID–19 Critical Care Alliance, also known as the FLCCC; and Ravkoo Pharmacy. Both the AFLD and the FLCCC aggressively promote the use of unproven therapies for COVID–19 infection through their internet websites and various social media platforms. They directly enable people to get these prescription medications, and both organizations have recently been verbally attacking pharmacies and pharmacists on social media for refusing to fill prescriptions for unproven COVID–19 drugs, even though it is legal and it's both a professional and ethical obligation for a pharmacist to do this in the interest of patient safety.

The AFLD sets up $90 telehealth visits, prescribing drugs like ivermectin. And a recent two-part investigation published by *Time*, in which I was sourced, revealed that in many cases, patients' credit cards were charged a fee but no telehealth visits occurred. In some cases, people became sick enough to require ICU care while waiting for their ivermectin. Tens of thousands of patients paid nearly $7 million in aggregate for these consultations, and the Ravkoo pharmacies filled over 300,000 prescriptions for these unproven theories at a drug cost of about $8.5 million.

At this point in the pandemic, many individuals have spent hundreds of dollars and have put their health in jeopardy using unproven therapies over proven therapies. Effective vaccines and therapies would have lowered their risk of developing severe COVID–19 infections, prevented unnecessary and costly hospitalizations, and even prevented deaths.

With that, I would like to again thank the Select Subcommittee members for your time and attention, and I'm happy to discuss questions and answer questions with you.

Thank you.

Chairman CLYBURN. Thank you, Dr. Aeschlimann.

We'll now hear from Dr. Bhattacharya.

Dr. Bhattacharya, you are recognized for five minutes.

STATEMENT OF DR. JAY BHATTACHARYA (MINORITY WITNESS), PROFESSOR, DEPARTMENT OF HEALTH POLICY, SENIOR FELLOW, STANFORD INSTITUTE FOR ECONOMIC POLICY RESEARCH, STANFORD UNIVERSITY

Dr. BHATTACHARYA. Good afternoon, Chairman Clyburn and Ranking Member Scalise and subcommittee members. I'm grateful for the opportunity to speak with you today.

The problem of misinformation during the pandemic is serious, as we've heard from the previous witnesses. But media corporations, big tech corporations have constructed a massive edifice of algorithms and fact checkers to correct this misinformation. I like to jokingly call this effort the "Ministry of Truth," because, ironically, the infrastructure that media and big tech corporations have set up to address this problem has, in fact, contributed to and exacerbated the misinformation problem.

The Ministry has made mistakes on some of the most important aspects of COVID science and policy. Consider the worldwide COVID infection fatality rate, essentially important number in understanding the spread of COVID–19 infection.

My colleague at Stanford, Professor Johnny Ioannidis, wrote a scientific paper in which he and his colleague, Catherine Axfors, painstakingly reviewed the literature on COVID mortality rates worldwide based on zero prevalence studies. Facebook commissioned a fact check by someone with no background in meta-analysis who labeled the paper false based on a misunderstanding of the evidence presented in the paper.

Another recent and notorious example is Instagram's censorship of posts that link to evidence summaries conducted by the renowned Cochrane Collaborative. For decades, the Collaborative has conducted high-quality, evidence-based medicine summaries on every imaginable question in medicine. Directly and indirectly, doctors rely on these summaries to inform their practice and care for their patients. With no explanation provided, Instagram decided this month to censor posts by users who link to studies by the Collaborative, depriving users to access to the most accurate medical information available.

A third example involves the Ministry of Truth censoring me. In March of this year, Governor Ron DeSantis of Florida, hosted a roundtable discussion with other scientists and me where we discussed various matters of COVID science and policy. At one point

in the discussion, the Governor asked me about the evidence on masking children. And I made an entirely accurate statement that there's no randomized evidence that masking children protects them versus the disease or reduces the spread of COVID.

The roundtable was televised, with press present, and posted on YouTube by a local Florida channel. Agree or disagree, this was good government. The Governor of a state showing the public what advice he is receiving from scientific advisers that inform his decision on COVID policy.

The Ministry's decision prevented the public from hearing facts about the scientific literature on child masking and prevented open access to information about their Governor.

The Ministry has consistently downplayed or censored the truth about lasting and robust immunity after COVID recovery, despite overwhelming evidence in the scientific literature documenting this fact. The consequence has been discrimination against COVID-recovered patients who have been forced out of their jobs and prevented from participating in society, despite posing as little risk to spreading the disease as the vaccinated.

Often the Ministry permits false statements it likes to go unchecked. In October 2020, I wrote the Great Barrington Declaration, along with Professor Martin Kulldorff of Harvard University and Professor Sunetra Gupta of the University of Oxford. The Declaration, signed by now by over 10,000 scientists and 40,000 physicians, called for focused protection of vulnerable elderly and an end to lockdown policies, including school closures and other measures which have caused enormous collateral harm to the health and well-being of the population.

Several prominent figures, including Dr. Anthony Fauci, reacted to the proposal by falsely mischaracterizing it as a herd immunity strategy to let the virus rip through society. This was pure propaganda. As I've said, our proposal called for focused protection of the vulnerable who face a thousandfold higher risk of mortality if infected than children do.

The term "herd immunity strategy" is itself nonsensical. Herd immunity, sometimes called endemic equilibrium, is the end point of this epidemic, no matter what strategy we follow, lockdown or focused protection or let it rip.

The goal of the policy should be to minimize harm from the virus and collateral damage from interventions until that state is achieved. The Ministry failed to check all these falsehoods. Instead, it parroted the narrative that there was no middle option between let it rip and lockdown. And states adopted lockdown, closing businesses, churches, and schools for extended time with little to show in terms of infection control.

And even when fact checkers happen to be right, they call attention to crackpot ideas that aren't seriously worth rebutting. Consider the debunking attention that the preposterous statement that COVID vaccines make you magnetic at the point of injection. It's possible that this statement has received more debunkers than it has believers. By combating laughably false statements, the Ministry gives undeserved extra publicity to them while ignoring more important issues.

The causes for this Ministry failure are overdetermined. They're not all knowing and they often check items when science itself is unsettled, which causes harm when the science changes. The ultimate ironic effect then of the fact-checking enterprise, this Ministry of Truth, has been the promotion of misinformation. By boosting the demand for lockdown and COVID restrictions, these errors have proven disastrous.

Thank you.

Chairman CLYBURN. Thank you, Dr. Bhattacharya.

Finally, we will hear from Ms. Kumar.

Ms. Kumar, you are recognized for five minutes.

STATEMENT OF MARIA TERESA KUMAR, PRESIDENT AND CHIEF EXECUTIVE OFFICER, VOTO LATINO

Ms. KUMAR. Good afternoon, Chairman Clyburn, Ranking Member Scalise, and members of the subcommittee. It's an honor to be here today.

My name is Maria Teresa Kumar, the founding president of Voto Latino. Voto Latino is a digital grassroots civic organization focused on educating and empowering Latino voters to create a more robust and inclusive democracy. In 2020, Voto Latino registered more than 617,000 voters and we mobilized an additional 3.7 million low-propensity voters. Of those who we registered, 77 percent voted, 52 percent of them were first-time voters.

We are the Nation's largest Latinx-focused voter registration and turnout organization, enfranchising every American at the voting booth. We have over 3.2 million supporters and reach roughly 11 million individuals a month to talk about them about issues that they care about across our digital platforms, educating them on issues such as the vaccine, the Child Tax Credit, and voting rights.

During the 2016 election, we witnessed the strategic targeting of political misinformation seeking to disenfranchise Latinos from exercising their constitutional right to vote.

By early 2019, a massive tidal wave of misinformation, propagated by both domestic and foreign actors, crashed onto American platforms.

Halfway through 2020, widespread misinformation regarding COVID–19 explicitly exploded at catastrophic scales.

Voters were buried under higher levels of misinformation than in any other election cycle. The orchestrated misinformation campaigns we witnessed as the pandemic wore on targeted older and less educated voters, typically White rural voters and Latinx Spanish-speaking audiences.

My mother was a target. My mother doesn't seem like one. She's an active, 70-year-old, naturalized citizen who runs an elder care facility in California. She is an avid, discernible news consumer. My mother loves her work, the people she works with, the community they care for, and will do everything under her control to protect them. But as the coronavirus impacted so many people, so did the mere idea of the vaccine.

Dark forces and corrupt characters started creating videos, and she started receiving those links. She received them from her friends at the gym, who received it from her brother in Houston, who received it from a friend in El Salvador. She received it from

her family in Colombia, and they all had a common theme: Don't trust the vaccine, don't trust the doctors, don't trust the government that is trying to inject you and harm you.

One featured a Salvadoran woman in a lab coat claiming to be a pharmacist, saying that we don't give the vaccine, it's a technology that is new and has never been used on humans. The makers of the video know that peer-to-peer transmission is more effective to dupe users and create a sense that they must share this coveted information.

Study after study shows that we must trust our neighbors, families, and friends more than the government and institutions, and misinformation bets on this to spread harmful, divisive, hateful, and in the case of COVID–19, deadly propaganda.

My mother shared in her hesitancy when the healthcare provider arrived in the facility to start administering the vaccines. "I'm not sure about this," she told me over the phone. "I've heard this might be bad for me." My mother was not alone.

In May 2021, Voto Latino commissioned a study that found out, among Latinx responders who have not yet been vaccinated, 51 percent said they would likely not get the COVID vaccine. That number rose to 67 percent with Spanish-speaking households.

The two most commonly cited reasons for not taking the vaccine was efficacy and safety. We found that our study that misinformation around COVID vaccine fueled that hesitancy.

Nearly half of the respondents in our survey said that they got this inaccurate information from Facebook. Others have found similar findings.

A report by the Center for Countering Digital Hate found 31 million people following antivaccine groups on Facebook and 17 million subscribing to the same kind of accounts on YouTube. Those targeted were less likely to place trust in government and institutions. Eroding trust in democratically elected government and institutions is the ultimate goal of swindlers and foreign actors on the internet.

In 2021, Voto Latino officially launched the Latino Anti-Disinformation Lab with our partners at Media Matters. We used sophisticated media monitoring to better understand the misinformation targeting Latinos, then we researched those methods to push back on disinformation through sophisticated experimentation.

We found that Spanish language COVID–19 misinformation remains rampant on social media platforms like Facebook and local news channels. We found that, starting 2020, Russia used government Twitter accounts and its own propaganda platforms from the Middle East to Latin America to sow distrust.

We've also found that there has been influencers on the internet. For example, Tierra Pura articles claim that children can die from COVID–19 vaccine or suffer severe adverse side effects. Like in my mother's case, we also see vaccine influencers that appear to be doctors and health professionals.

This year, though, we're pushing back. The Lab actually found that by creating content that directly asserts that this is wrong, we found that people on Google that saw our ads were 54 more times likely to search "get the COVID vaccine." Interventions work.

Mr. Chairman, more than 132,000 Latinos have died from COVID–19, close to three times more than any others compared to the White community. We also know that the ages between 35 to 44, Latinos have comprised 37 percent of the COVID deaths, even though we make less than 20 percent of the population. We know that this is something that is not only lethal, but it also is weaponizing, and at the end of the day, it also is the foulest form of voter suppression. We need the platforms to act and we need them to act immediately.

Thank you for your time.

Chairman CLYBURN. Thank you, Ms. Kumar.

The chair, in recognition of member schedules, I'm pleased to yield to you, Ms. Waters, for any question you may have.

Ms. WATERS. [Inaudible.]

Chairman CLYBURN. Well, whatever you prefer.

Ms. WATERS. I'll come back.

Chairman CLYBURN. OK, very good. Thank you very much.

The chair now recognizes himself for five minutes.

And I have other members over there want to go out of order. You got pressing schedules? Very good. Thank you.

My first question goes to you Ms. Kumar. During your opening statement, you mentioned that online misinformation reached a member of your family, your mother, I take it, and that led to months of vaccine hesitancy. What have you learned from that experience, and what strategies have you found to be the most effective at combating coronavirus and vaccine misinformation?

Ms. KUMAR. Well, sadly, my mother is in the healthcare industry, and I can share with you that she made sure that I was vaccinated. And because of the disinformation that she received, she was concerned that it was not going to be healthy. So, from a daughter's perspective, it took me almost seven weeks to finally get her to take that vaccine. And she started not only talking about the importance of it, but it was that peer-to-peer conversation, the no-judgment position, and encouraging her to share it with—her experiences with her friends and family.

One of our biggest concerns right now, though, is that the COVID vaccine anti-vaxxers are now targeting parents and children. They don't want our children to get vaccinated. We know that one of the things, sadly, about COVID–19 is that obesity is at a prevailing underlying condition. Twenty-six percent of all children that are Latino have child obesity. They're much more vulnerable.

So, one of the things that we're trying to target now is having honest conversations with individuals and parents to ensure that their children also get vaccinated and protected, Mr. Chairman.

Chairman CLYBURN. Dr. Kennedy, I was up in Michigan state last week, didn't get a chance to speak with you, but I would like to know from you if you have any thoughts as to what really needs to be done to reach these communities that are most susceptible to being influenced by misinformation?

Dr. KENNEDY. Thank you very much. And, I'm sorry, I did see that you were up there and I wish that I had had the opportunity to meet you. Thank you for the question.

I think that Ms. Kumar has a lot of great suggestions around reaching those communities. One thing that we need to understand

is that the normal narrative of taking the official approach of having official individuals stand up and give official messaging may not work in these communities because of a lack of trust, particularly when we think about the Black community. The history of mistrust among healthcare, reluctance to get help in terms of mental healthcare creates resistance to the official messaging that comes and would be successful in other communities.

And so engaging in partners within those communities, faith leaders in many cases, individuals who can tell stories that have relevance and are relatable would be very, very impactful when we start wanting to address these vulnerable communities. And it's important that we do that because the harms that come from fraud from COVID in general, but particularly from the harms when they are targeted, they are not equally distributed throughout society. And so the focused nature of them can create disproportionate harms within those marginalized communities.

Chairman CLYBURN. Well, thank you.

Dr. Aeschlimann, you talked about the misinformation and the hesitancy for vaccinations should go forward. Would you like to share with us how prevalent you think this is, what we might be able to do to help overcome those hesitancy?

Dr. AESCHLIMANN. Yes, sure. Thank you. First, I would definitely like to echo Dr. Kennedy and Ms. Kumar's statements that this is something that is difficult to take on. It sometimes can be exhausting trying to relay the same science-based message to people over and over again. There's a lot of doubt that's been sown on social media. And I think a big thing comes down to trust in terms of effective communication and convincing people that there are science-based reasons to do things that are in the best interest of their health.

And so it really takes grassroots efforts. I know that there was a lot of conversations that I had, both virtually on social media platforms and face-to-face, and on texts and phone calls with friends and relatives when the vaccines first came out, and there's a lot of legitimate great questions that these people have. But I think that having somebody, community members, somebody that they know and can instill trust and confidence in can go a long way. You know, clearly, that means it's a big effort, but I think there's some, you know, pretty good personal evidence that people are willing to listen to people that they're close to or trust.

Thank you.

Chairman CLYBURN. Well, thank you. My time is expired.

I now would like to yield to the ranking member for any questions he may have.

Mr. SCALISE. I thank you, Mr. Chairman.

And, again, appreciate the opening statements from our witnesses.

I'd like to ask some of the questions we've seen regarding things that have been deemed as COVID misinformation, yet really end up being disagreements between scientists, which we've seen a very healthy discourse on in the last year and a half.

I'd like to start with Dr. Bhattacharya. And you referenced in your opening statement the roundtable amongst scientists that was held between those of you in Florida with Governor DeSantis that

ultimately was taken down just because, I guess, YouTube didn't want some of that information to get out and they said, well, CDC might not agree with everything.

So, let me first ask: Is it common that scientists disagree in these public discussions about healthcare policy?

Dr. BHATTACHARYA. It's absolutely common. And it's essential to the conduct of science that scientists be allowed to disagree, without fear of censorship, or else what happens is scientists self-censor, and you end up having a much—a discussion that just doesn't go anywhere.

Mr. SCALISE. So, if scientists disagree, then does that mean that the other scientist is spreading disinformation? Just because one scientist believes one thing, if the other scientist has a different opinion, is that disinformation or should that be considered disinformation?

Dr. BHATTACHARYA. If it's considered disinformation, then you'll just have ended science. Scientists always disagree, and we resolve those disagreements by looking at data. Ending that disagreement means that you will not advance science at all. It's dangerous——

Mr. SCALISE. And doesn't that, in fact, help raise some of the questions that might need to be studied further? And here in the case of COVID, we've seen very little research, for example, on alternative therapeutics. There's a lot of anecdotal evidence. Some scientists—we've heard directly from doctors who have treated people successfully with hydroxychloroquine. We've heard from some doctors who said their treatments with hydroxy weren't as successful.

Does that automatically mean one scientist is right and the others not or does it maybe mean we should be doing more research at agencies like NIH on those types of disputes?

Dr. BHATTACHARYA. It's a great question, and we absolutely should be doing a lot more research. The NIH actually has an active study, it's called ACTIV–6, that's examining ivermectin. It's due to finish in 2023. Actually, I think it's one of the scandals of this whole pandemic that the NIH has not been more active in evaluating and conducting large scale studies of early treatment.

We have monoclonal antibodies. That's a big advance. And, of course, the new Merck and Pfizer drugs, I suppose they're going to be coming out soon, although that still needs to be evaluated. But we need to have—by 20 months into the pandemic, we should have had a lot more research funded by the NIH on this. I think it's a big failure.

Mr. SCALISE. Well, I think that's a big failure of the Biden administration that they have not put that kind of focus on finding out more information on alternatives. I know they've spent a lot of time trying to shame people that won't get vaccinated. I don't think anybody would suggest you're going to achieve 100 percent vaccination.

We should encourage everyone who wants to get vaccinated to get vaccinated. We should encourage those people with hesitancy to go get the facts from their doctor. But, ultimately, to think that the only answer is to just try to threaten people, to get them fired from their jobs, that's still not getting us where we need to be.

If we're ultimately getting around this corner—and I know we've had conversations about what is herd immunity. Dr. Fauci wouldn't even answer some of those questions. I'm sure my colleague, Mr. Jordan, will get more detailed into that. But, look, the NIH, as we've uncovered, can find millions of taxpayer dollars to go fund EcoHealth Alliance's research over at the Wuhan Institute on gain-of-function research that may have started this disease. We'd know more if we had a hearing on this committee on that, but they can't find money to go study those kind of things.

Let me ask you now about kids in school. We've had a lot of conversations in this committee about whether or not kids should be in school. In fact, Dr. Fauci himself has come before this committee and he said, quote: "The psychological effects of keeping children out of school are well known. It definitely is not something that is favorable for children. It is much to their advantage to be in school," end quote. That was Dr. Fauci here in this committee a few months ago.

Do you agree with that statement from Dr. Fauci?

Dr. BHATTACHARYA. Absolutely. Completely agree. Keeping kids out of school is the single biggest mistake we've made during this pandemic.

Mr. SCALISE. And, clearly, we need to have more hearings on that because it seems like some people want to continue to keep people shut out. Virginia voters sure had a say about that.

Final question is on states that are doing well versus not. Your state of Florida, it seems like it's doing a lot better. President Biden himself said that you all should get out of the way, to use his quote. How have you all done it so well?

Dr. BHATTACHARYA. So, the approach of Florida involved a focused protection approach, protecting the vulnerable elderly. And as a result, COVID death rates age adjusted from Florida are equal to California, which has had enormous interventions, and yet Florida children have been in school 100 percent last year, whereas in California, kids were not.

Mr. SCALISE. I appreciate it.

I yield back the balance of my time.

Chairman CLYBURN. Thank you, Mr. Scalise.

As I mentioned earlier, we will be moving around outside of seniority so that we can accommodate schedules.

And, with that, the chair now recognizes Mr. Raskin for five minutes.

Mr. RASKIN. Well, thank you very much for that, Mr. Chairman, and for calling this important hearing.

Dr. Bhattacharya, you referred more than a dozen times in your testimony to the Ministry of Truth, and I just want to be clear about this. The Ministry of Truth was one of four government ministries in Oceania in Orwell's fictional 1984. It does not exist in the United States or anywhere on Earth. Do you disagree with that?

Dr. BHATTACHARYA. No. I referred to it, as I said, as a shorthanded, joking shorthand.

Mr. RASKIN. OK. Well, I just never heard a scientist refer to a fictional entity so repeatedly and so consistently as something real in the world.

But, in any event, in your Great Barrington Declaration, you advocated a strategy that would allow the virus to spread freely by, quote, "natural infection," unquote, while attempting to protect those who were most vulnerable all in the period before vaccines were authorized and widely available.

Is that a fair statement of what your position was?

Dr. BHATTACHARYA. No. The central tenet of the Great Barrington Declaration was focused protection of the vulnerable.

Mr. RASKIN. Well, let me read what you wrote then, just so we don't get into a back and forth.

The Great Barrington Declaration advocates for an approach that would, quote—here's the entire sentence: "The most compassionate approach that balances the risks and benefits of reaching herd immunity is to allow those who are at minimal risk of death to live their lives normally to buildup immunity to the virus through natural infection, while better protecting those who are at highest risk."

Who is at highest risk on your understanding?

Dr. BHATTACHARYA. There's a thousandfold difference in the risk of death for people who are older versus younger.

Mr. RASKIN. And older at what age?

Dr. BHATTACHARYA. So, it increases exponentially. So, for every 7 or 8 years of age it doubles.

Mr. RASKIN. OK. But, in other words, if you had just been able to design your focused attention strategy, you would have focused on what ages, 75 and up or 65 and up?

In other words, you seem to have an on/off switch. A certain part of the population should be protected as much as possible and then it's a laissez faire strategy for everybody else. So, at what age does that begin?

Dr. BHATTACHARYA. There was no beginning or ending age. The key thing was who's—identifying who's vulnerable and what living circumstances——

Mr. RASKIN. So, who did you identify?

Dr. BHATTACHARYA. So, older people. So, people living in nursing homes are 40 percent of the death——

Mr. RASKIN. OK. Well, the way this position has been interpreted is 65 and up, and certainly a lot more people 65 and up died than people younger. I think it was 171,000 between 65 and 74, and around 200,000 from 75 to 84. But in the years between 50 and 64, 137,650 people died. From 40 to 50, 31,000 people; 30 to 39, 13,000 people; 18 to 29, 4,300; and then 595, lower than 17. But that's still—we're still talking about, you know, a couple hundred thousand people.

So, I just want everyone to understand that, precisely as you're saying today, it is a sliding scale. It's not like you get to a certain age and suddenly you're vulnerable and before that, you're fine.

I understand you met with former President Trump's HHS Secretary, Alex Azar, and special advisor, Scott Atlas, to discuss your strategy. Is that right?

Dr. BHATTACHARYA. We met with—we met with Azar, yes. Can I answer the previous question?

Mr. RASKIN. Well, let me—at the end, I can. I just got to get through a couple things. Your meeting took place just one day after

your Great Barrington Declaration was published, and Azar tweeted after the meeting that you had provided strong reinforcement of the Trump administration's strategy of aggressively protecting the vulnerable while opening schools and the workplace.

Have you read Deborah Birx's, Trump's coronavirus response coordinator, statements about how the Trump administration's lethargic and indifferent response to COVID–19 could have cost hundreds of thousands of lives? Have you read her statement?

Dr. BHATTACHARYA. I've seen that she made that claim.

Mr. RASKIN. I'm sorry?

Dr. BHATTACHARYA. I've seen that she made that claim.

Mr. RASKIN. Yes. In my mind, she told CNN, almost 450,000 deaths could have been mitigated or decreased substantially. In other words, the kinds of policies that you implicitly gave credence to with your Great Barrington Declaration resulted, according to Donald Trump's own coronavirus coordinator, in the deaths of at least more than 100,000 people. And I wonder if you would just respond to that statement coming from Deborah Birx?

Dr. BHATTACHARYA. Sure. So, first, it's related to the answer that I have to your previous question, a hundred—*The New York Times* just reported today that 100,000 people died of drug overdoses. That was a lockdown harm. There was an estimate in pediatrics that as a result of just the spring school shutdown, we cost our children 5–1/2 million life years. COVID is not the only harm that we need to account for——

Mr. RASKIN. No. Those were the results of COVID in the fact that we let the disease run wild, so that was the original sin.

Dr. BHATTACHARYA. I'm sorry, Mr. Raskin, that's not true. Those—many places—there are places that did not close schools. Sweden, for instance, didn't close schools. No child deaths between 1 and 15, and teachers had COVID rates at lower rates than the rest of the population.

It's not true to say that those are the results of COVID. Those are the results of policy decisions——

Mr. RASKIN. OK. My final question—I'm afraid I'm out of time. Do you still oppose mask mandates when people are in public places?

Dr. BHATTACHARYA. I never opposed mask mandates during the pandemic. I said that, in fact, we're arguing very strongly in favor of them, using them in nursing homes and other places. I am against mask mandates in schools.

Mr. RASKIN. OK. I yield back, Mr. Chairman. Thank you.

Mr. FOSTER.[Presiding.] Thank you, Mr. Raskin. I will now yield to Mr. Jordan for five minutes of questions.

Mr. JORDAN. Thank you, Mr. Chairman.

Dr. Bhattacharya, where did you get your undergrad degree?

Dr. BHATTACHARYA. Stanford University.

Mr. JORDAN. Stanford?

Dr. BHATTACHARYA. Yes.

Mr. JORDAN. And you went to medical school too, and did you get your medical degree from Stanford as well?

Dr. BHATTACHARYA. I did, yes.

Mr. JORDAN. And then, you also have a Ph.D. Is that right?

Dr. BHATTACHARYA. Yes.

Mr. JORDAN. And where did you get that?

Dr. BHATTACHARYA. Stanford University.

Mr. JORDAN. Three degrees from Stanford?

Dr. BHATTACHARYA. Four, actually.

Mr. JORDAN. That's pretty—that's pretty impressive. I mean, it's not the Big Ten, but it's pretty impressive.

And you're now a professor at Stanford as well, right?

Dr. BHATTACHARYA. Yes.

Mr. JORDAN. And then you mentioned in your opening statement that you had some statement that you made that were part of a video put on YouTube. You had those taken down. Is that accurate?

Dr. BHATTACHARYA. Yes.

Mr. JORDAN. Why did they take them down?

Dr. BHATTACHARYA. Because they didn't agree with them, I suppose.

Mr. JORDAN. No reason? Did they say it was not true, that it was—what did YouTube tell you?

Dr. BHATTACHARYA. There was no reason given to me, or I could not discern any reason from any public statements by YouTube about why they were taken down. It was just taken down.

Mr. JORDAN. Supposedly some guy at YouTube, or some person at YouTube decides to take down that—they may have a great education, maybe they went for Stanford for all I know—but someone at Stanford—or someone at YouTube takes down your video. My guess is, they probably didn't have a medical degree who did that, but they took it down.

Dr. BHATTACHARYA. They—I wish I knew who took it down. I mean, I would love to debate them.

Mr. JORDAN. I just think it's amazing. Some guy who didn't go to medical school censors the guy who did, and typically the reason is—the reason given is, they says it's because he wasn't following the science. And here you have a medical degree, a Ph.D., and undergrad degree from the university.

What was in the video that they found offensive or—you know, again, we don't know the reason, but what was in the video?

Dr. BHATTACHARYA. Well, the main thing that was in the video that I said that I think was—set them off—was that I said that there are no randomized studies that show that masks work with children.

Mr. JORDAN. No studies that show that?

Dr. BHATTACHARYA. No randomized studies, no high-quality studies.

Mr. JORDAN. I'd be interested, Dr. Kennedy, do you think it's appropriate for YouTube to censor Dr. Bhattacharya?

Dr. KENNEDY. I quite honestly do not have the position to be able to comment on that. My expertise does not deal with——

Mr. JORDAN. You think it's OK for YouTube, some guy who's never went to medical school to censor the guy who has went to med-—I mean, this is now becoming a pattern. We just had Mr. Raskin try to lecture Dr. Bhattacharya.

This happened a few weeks ago, I remember, with my colleague, Dr. Greene. Mr. Raskin, smart guy, but never went to medical school, and he was telling Dr. Greene—giving Dr. Greene medical advice on what needs to happen with patients, what needs to hap-

pen with people. I just find it—and all in the name of following the science.

So, I just want to know, do you think it was appropriate for YouTube to take down Dr. Bhattacharya's video?

Dr. KENNEDY. Again, having not seen the video, and not knowing who took it down or the reasons for specifically, I can't comment.

Mr. JORDAN. Dr. Aeschlimann, do you think it's appropriate for—for that kind of activity to take place, that kind of action?

Dr. AESCHLIMANN. Similar to Dr. Kennedy, as a scientist, I would need to review the data, and unfortunately, I can't say that I watched that video before it was taken down. Potentially there could have been merits if there was clear, obvious non-evidence-based, or clearly contradictory information being presented. But again, I can't speak to that, I did not see it, and I don't know the inner workings of YouTube.

Mr. JORDAN. I just find it amazing that Dr. Bhattacharya is advocating that kids be in school and YouTube takes that video down.

Dr. Bhattacharya, is natural immunity as good as someone—someone who's had COVID, recovered, has the antibodies, is that natural immunity as good as someone who's had the vaccine?

Dr. BHATTACHARYA. Yes.

Mr. JORDAN. As good?

Dr. BHATTACHARYA. At least as good.

Mr. JORDAN. At least as good. Maybe better.

Dr. Kennedy, do you agree with that statement?

Dr. KENNEDY. I'm not a medical doctor. I can't comment on that.

Mr. JORDAN. Dr. Aeschlimann?

Dr. AESCHLIMANN. I would say it's nuanced, and I would disagree with a blanket statement that it's as good or better. There already is evidence to show that especially people who may have had a mild initial COVID infection, that their duration of antibody response does not last as long as vaccines.

People who develop more severe COVID may have as good, if not slightly better, but the data is also evolving.

Mr. JORDAN. Dr. Bhattacharya, should Mr. Daszak come—the head of EcoHealth, should he come testify in front of this committee?

Dr. BHATTACHARYA. Absolutely should.

Mr. JORDAN. Dr. Kennedy, you think that Mr. Daszak should come testify in front of this committee?

Dr. KENNEDY. I—that is outside of my purview.

Mr. JORDAN. Well, The Washington Post has called for it. The Wall Street Journal has called for it. Everyone I know of has called for it. The whole world wants it. The only ones that don't want to do it are Democrats on this committee. So, I just want to know, as a doctor—you got opinions on everything else—you think that Mr. Daszak should come testify?

Dr. KENNEDY. I have opinions, but my expert opinion is not in that area.

Mr. JORDAN. Dr. Aeschlimann, you think that Mr. Daszak should come testify?

Dr. AESCHLIMANN. I don't have an opinion on it because I'm focused on taking care of patients.

Mr. JORDAN. Do you think we need to find out how this thing started, Dr. Aeschlimann? Do you think we need to find out how this virus started? Did it start in the lab? Did it come from a bat to a penguin to a hippopotamus to people or whatever they say? Do you think we need to figure that out?

Dr. AESCHLIMANN. Yes, I do think we need to figure it out, but I don't think it's the primary precedence, especially in a hearing like this. I think that optimizing prepare and prevention of patients is the most important thing.

Mr. JORDAN. We had a virus kill—we had a virus kill—just give me one second. We had a virus kill many millions of people, disrupt the world economy, certainly disrupt the American economy, and you don't think it's important we find out how it started?

Dr. AESCHLIMANN. That's not what I said. I said that it's something that should be looked at, but I don't know that it should be the focus of this hearing at this point.

Mr. JORDAN. OK. I'm not—I'm just asking you a question.

Dr. Kennedy——

Dr. AESCHLIMANN. And I was answering it.

Mr. JORDAN. Dr. Kennedy, do you think we need to look at how this virus started?

Mr. Chairman, the previous speaker got an extra minute and a half.

Dr. KENNEDY. My nonprofessional opinion would be obviously yes.

Mr. JORDAN. All right. Dr. Bhattacharya, you think we need to figure that out?

Dr. BHATTACHARYA. Yes.

Mr. JORDAN. Did you think we need to figure that out?

Dr. BHATTACHARYA. Absolutely, yes.

Mr. JORDAN. All right. Final question. Dr. Bhattacharya, give me your thoughts on how Dr. Walensky, as the new CDC chair, give me your assessment of her job performance.

Dr. BHATTACHARYA. I think she's done a very poor job.

Mr. JORDAN. All right. Can you elaborate?

Mr. FOSTER. The gentleman's time has expired, and he's exceeded previous speakers. Thank you for your time, Mr. Jordan.

Mr. JORDAN. I don't think I have, but thank you, Mr. Chairman.

Mr. FOSTER. And I now yield to Mrs. Maloney for her questions.

Mrs. MALONEY. Thank you. Thank you, Mr. Chairman.

For over a year now, fringe groups, right-wing media figures, and others have promoted misinformation about the coronavirus online, often with the support of former President Trump and his supporters.

Fake cures, like hydroxychloroquine and ivermectin, false rumors, and vaccines cause infertility or alter DNA, and many other lies have spread at lightning speed. These lies are so widespread that they are undermining our Nation's ability to defeat this virus.

In July, Surgeon General, Dr. Vivek Murthy, declared misinformation to be a public—serious public health threat.

So, I'll start with you, Dr. Aeschlimann. How is the spread of misinformation and junk science undermining our public health?

Dr. AESCHLIMANN. Thank you. In a number of ways it is. I think that the predominance of the spread of that on social media, it

cedes doubt and skepticism in the minds of people that may be less likely to understand or believe reputable research data that shows that certain things are beneficial, either for preventing or treating disease. It can cause direct patient harm, like the case example that I gave.

So, I think it has very widespread impact on patient health and on citizens' pocketbooks as well.

Mrs. MALONEY. Thank you. Many of these lies spread on social media. This August, YouTube announced it had removed more than one million videos containing, quote, dangerous coronavirus information, like false cures or claims of a hoax.

Since the beginning of the pandemic, Facebook has removed over 18 million posts, and Twitter has suspended over 1,500 accounts for spreading misinformation, but this represents only the tip of the iceberg, and false information on COVID continues to spread.

Dr. Koltai, are tech companies doing enough to monitor and remove misinformation about the coronavirus from their platforms?

Dr. KOLTAI. Thank you for that question, Representative Maloney. It is a complicated answer because there is certainly action being done, and I think they have gotten better over the years. As someone who was just studying the issue of vaccine misinformation, particularly on Facebook since about 2015, they have gotten better, but certainly not enough, right?

In the age of a pandemic, when we're still fighting the disease, where, you know, thousands and thousands of Americans lives are still being lost, you can still easily—anyone can go onto any of these platforms and find misinformation.

And I want to be clear when I talk about vaccine misinformation. As I refer to, like, it is incorrect or misleading information shared to influence public opinion or obscure the truth about vaccines.

And, so, the important thing is that you still see posts and content on Facebook, on many different social media platforms, that argue that vaccines are not safe and argue that they're not efficacious. And I think everyone here can agree that vaccines are safe and efficacious.

And I would like to see, on the part of social media platforms, to do better. There is a long list of things that companies can do to help mitigate the algorithmic promotion and spread of viral misinformation on those platforms.

Mrs. MALONEY. What more can be done to combat COVID misinformation online?

Dr. KOLTAI. Absolutely. So, an example I actually provided in my written testimony is something that Amazon even can do better. When you search for vaccine content on platform like Amazon, the very first, like, top results are often sources that promote vaccine refusal or vaccine misinformation.

So at minimum, a platform like Amazon can think about deprioritizing and deranking so that more—a little bit more trustworthy sources can appear as a top result. I'm not asking that those need to be absolutely removed, but at least, you know, prioritize and—so that content that contains more trustworthy, more up-to-date information about vaccines is at least shown as a top result.

Another way, for example, is looking at what we call sometimes ephemeral or temporary content. So, on a platform like Instagram, you have something called Instagram Stories and Instagram Lives and a lot of video content. And their content in those spaces often go completely unchecked.

I think for some people, it is considered not a priority because it is gone within 24 hours, but the way that these social media platforms work is that you have an engaged follower who will go and view that content, and it can get downloaded, it can get shared and spread across multiple platforms. So, even addressing it, you know, looking out for misinformation in spaces that we may not even think about it could be another way.

Mrs. MALONEY. Well, just last week, the White House announced more than $140 million in American Rescue Plan funding to continue supporting the community-based organizations on the front lines of our pandemic response.

These organizations—there are many in my district—have been working tirelessly to build vaccine confidence across the U.S. Ms. Kumar, how has misinformation undermined vaccine confidence, and why is the work of these community-based organizations so crucial?

Ms. KUMAR. Thank you for the question, Congresswoman. I think the majority of the things that we know from social media and what the professor just mentioned, is that peer-to-peer is critical in order for people to actually pay attention.

So, community-based organizations, they on the front lines, but they are also part of the community. They are individuals that people care about, and they trust the information that they're receiving on the vaccine is important.

And I do want to underscore, Congresswoman, that the Latino community has been absolutely devastated, and it is not just the older population. To give you an idea, for example, that people ages 35 to 44 among Latinos have comprised 37 percent of the COVID deaths.

We make up less than 20 percent of the U.S. population, and to quote Dr. Peter Hotez of Baylor College, this is robbing the Hispanic community of a generation of mothers and fathers and brothers and sisters.

And the only way that we are going to get through this is for the investment that President Biden is doing, to make sure that, again, local communities are at the front lines, having—giving the individuals important information so that they can no longer be vaccine hesitant and healthy.

Mrs. MALONEY. Well, thank you, and more than two-thirds of Americans have already been vaccinated. To defeat the virus, we need every eligible——

Mr. FOSTER. Representative Maloney?

Mrs. MALONEY [continuing]. American to get the vaccine. My time is expired, I hear, so I yield back.

Mr. FOSTER. Thank you. And we will now yield to Dr. Green for five minutes of questions.

Mr. GREEN. Thank you, Mr. Chairman, and Ranking Member Scalise, and I want to thank our witnesses for being here today.

We're in dangerous territory when those in power seek to silence opposing views as misinformation to be suppressed.

This summer, the White House admitted that it was working with social media companies to crack down on misinformation. White House Press Secretary Jen Psaki said that the government was, and I quote, "flagging problematic posts for Facebook that spread disinformation," end quote.

She added that, quote, "you shouldn't be banned from one platform and not others for providing misinformation out there," end quote.

But who decides what information is, and my colleague earlier made the discussion about a Stanford Ph.D./MD being taken down by a techie at a social media giant.

Who decides who gets banned? This is the underlying dispute. It is misinformation to state—is it misinformation to state the pandemic likely originated from a lab leak from the Wuhan Institute of Virology?

We had a debate earlier between our witness and Congressman Jordan about why that's relevant. Well, it's relevant because the U.S. Government potentially funded the research that potentially led to the leak. I'd say that ought to be looked at by the Select Committee on the Coronavirus. Just saying.

Is it misinformation to dispute the CDC's recommendation for masking children? Is it misinformation to say that it's not necessary to vaccinate every single man, woman, and child?

Dr. Martin Kulldorff, a professor at Harvard Medical School, who served on the CDC's vaccine safety subgroup was censored by Twitter for saying that. Again, a fairly competent and well-trained physician.

Over the course of this pandemic, many of the claims denounced as misinformation are actually disputed questions of public policy that should be openly debated in a free society. It seems to be the position of some that Americans should simply defer to the elites and submit to their authority without question.

One public health official, Dr. Fauci, even claimed that criticism of him is an attack on science itself. Is misinformation simply anything that contradicts Dr. Fauci?

In fact, many highly qualified scientists, physicians, and epidemiologists have looked at the evidence and come to conclusions that challenge prevailing narratives, honestly, throughout our history.

On questions of natural immunity, school reopening, lockdowns, and the lab leak hypothesis, independent voices, have raised concerns and challenges to the public health orthodoxy.

One of our witnesses, Dr. Bhattacharya, is one of those voices that has boldly challenged the public health establishment and argued for following a different course. Predictably, he and other like-minded thinkers were accused of spreading misinformation.

The charge of misinformation has been frequently used as a convenient rhetorical weapon to avoid argument or discussion. Even the label itself is more vague than those old-fashioned categories of true and false.

Call something misinformation, and you can wave away any inconvenient facts as misleading or out of context. But if we're going

to make public policy, we need to have these debates freely and openly, instead of recklessly accusing those we disagree with of spreading misinformation.

We should treat Americans like adults, and trust them to judge for themselves, not censor their voices. Questioning and debating the evidence, especially on matters of policy that affects millions of Americans, is not an attack on science. It's how we govern ourselves as citizens.

Being able to criticize government officials and their decisions is a fundamental part of what it means to live in a free country.

Once we surrender that, we are one step closer to becoming like China, where the Communist Party censors anything it deems misinformation that may threaten its authoritarian regime.

As we have seen in China and the Soviet Union, the standard by which misinformation will be judged is far more likely to be the consensus of those in power than a concern for the truth.

And when those in authority can determine what is allowed to be accepted as truth, power will inevitably replace truth and reason.

The ability to speak freely on matters of public concern is the reason we have a First Amendment. Our Constitution protects the right of every American to express their views freely. This freedom is the very foundation of our Republic.

Thank you, Mr. Chairman, and I yield.

Mr. FOSTER. Thank you. And I guess at this point, I will now recognize myself for five minutes.

So, one of the things that we're encountering here is that disinformation spreads in an information vacuum. I very much sympathize with the expressions of my colleagues about the frustration over having a source of undisputed scientific truth.

It makes things tough, and especially when, you know, as was famously said, when the facts change, I change our opinion. And as knowledge of this pandemic has evolved, you know, the best scientific knowledge has, in fact, evolved.

But there are tools. I was very, very struck by Dr. Bhattacharya's statement that he viewed as an absolute scandal that from the very start of this pandemic, the Trump administration did not set up an NIH-funded, systematic trial to look at the possible effectiveness of existing medicines.

Because it was not a crazy dream that some existing, known safe medicine could have had significant effectiveness especially when given early in the course of the disease.

So you know, the dream is—was with hydroxychloroquine, vitamin D, ivermectin, Fluvoxamine, which apparently actually works, but these were not evaluated rapidly with high quality, placebo-controlled, highly statistically powered clinical trials.

And I think when we come to lessons learned on this Coronavirus Committee, I think that's going to be very high on the list of something that we should have had in place, that could have saved hundreds of thousands, and maybe millions of lives, just simply in putting best information in replace of misinformation.

What we saw under the Trump administration was, in fact, the exact opposite, where apparently the President saw something he

liked on the internet and ordered the FDA to bypass normal scientific rigor in getting hydroxychloroquine recommended.

So that's—now, let's see. I'll start with Dr. Bhattacharya since you mentioned this. What is the sort of "state-of-the-art" of what should have been put in place?

I've been told that what we should have had was an adaptive platform trial similar to, I think it's the TOGETHER Trial, if I'm remembering the name correctly, that simply, you know, you test positive, you say, OK, are you interested in being in this trial?

You go home to take care of yourself for two weeks and then are given, you know, either a placebo or a drug or a combination of drugs. And then while you're monitored on a cell phone, and these are—this technology has existed before. It was used very effectively but kind of randomly by individual, underfunded practitioners.

You mentioned the active trial, which is not apparently going to report out till 2023, you said?

Dr. BHATTACHARYA. Yes.

Mr. FOSTER. And so what, you know, if you were to put something like that in place, what would it have looked at? And Dr. Aeschlimann, I'll ask you the same question.

Dr. BHATTACHARYA. I mean, I think there are a lot of different trial designs which would have worked. What you suggested would have been a very good trial. I think there were enough cases that we could have had a very large sample size very quickly.

Mr. FOSTER. There was no shortage.

Dr. Aeschlimann, did you have any comments on the sort of thing that we should have on standby for the next pandemic that could have reacted more quickly?

Dr. AESCHLIMANN. Yes. Yes, thank you. I agree that it's something—probably one of the bigger lessons learned of the pandemic is how to ramp up and operationalize things like adaptive platform trials.

And in fact, some of the early, quality evidence that we were able to get were from adaptive platform trials in other areas of the world. For example, the U.K. RECOVERY Trial group was pivotal in showing that dexamethasone was a drug in their adaptive platform trial that had clear mortality benefits in the sickest of COVID-infected patients.

And they ran a number of drugs through that with active platforms, some that didn't work, like hydroxychloroquine and azithromycin, some that did like dexamethasone and a biologic called tocilizumab.

You already alluded to the TOGETHER Trial, which is another successful adaptive platform trial.

Mr. FOSTER. It's my understanding that's the one that sort of put a stake in the heart of ivermectin and hydroxychloroquine, one of them.

Dr. AESCHLIMANN. It can potentially be. As of right now, they have only done a press release, so scientists are eager to see the exact data set for the——

Mr. FOSTER. But they have published, I believe, the positive——

Dr. AESCHLIMANN. Yes.

Mr. FOSTER [continuing]. Result on fluvoxamine that shows it's comparable to the Merck and Pfizer product, you know, order of 50 percent effective at keeping you out of the hospital.

Dr. AESCHLIMANN. Yes. In that adaptive platform, placebo-controlled trials, it did seem to have a significant benefit in keeping people out of hospitals. And if people are able to take the medication for the majority of the days, it actually—there was a mortality benefit for fluvoxamine, which is exciting because it's a very inexpensive, readily available drug.

Mr. FOSTER. So, it turns out this dream was actually true, but we just—it took over two years to set up a systematic, you know, set of trials that actually found this.

And we're not—the usefulness of this is not over, because we're going to have to develop the cocktails of the antivirals and effective drugs like fluvoxamine.

And I was very distressed to see just—I think in Stanton just a couple days ago, a quote from one of the Big Pharma manufacturers who claimed to see no need for a combination therapy trial because it would just, you know, complicate—you know, complicate and have additional side effects and so on.

And so when you don't have the commercial incentives—I think that's one of the lessons—the government has to step in, and that's to avoid some of the dangers that we've seen here.

Anyway, my time is now expired, and at this point, I will yield to Ms. Malliotakis.

Ms. MALLIOTAKIS. Thank you, Mr. Chairman. It's been an interesting discussion here today. What I'll say is that in a free society, we have the right to question authority and some of these mandates that are coming from our government.

And I think one of the reasons why people are so frustrated across this country—and you're seeing people take to social media to express themselves—is because of the double standards, the contradictory statements, the pandemic being politicized. And they have the right to do that.

And people want transparency, they want answers. When they see, you know, politicians mandating masks for two-year-olds, without following science, and then they're, you know, in Puerto Rico, like my Senator was just there dancing with no masks, or you see them going to the hair salon when there's different restrictions in place for everyone else, that upsets the American people.

And so, they have a right to be questioning this, and it's not always misinformation, but sometimes it is questioning authority and trying to get answers, such as the origins of the COVID.

We talked about this earlier. I don't know why this committee has not yet had a hearing on the origins of the COVID pandemic. To think that Dr. Fauci and the NIH had for so long said that they did not fund the gain-of-function research, that they did not channel this money to the Wuhan lab, and now we learn that they indeed did do that.

When you look at the origins of COVID, how social media had mislabeled it as misinformation when there were many things showing that it was, indeed, coming from the lab. And they took down those posts. And then months later, find out even more evidence is piling on showing that it has come from the lab.

That's, I think, something that we need to take a step back and say, What's going on here? And when you see that the CCP is out there spreading misinformation, saying that it came from a U.S. Army base, you know, that's why this committee should be looking at the origins of that pandemic.

But also, I think it's disheartening when we know that the American people want transparency, that they want answers, that they want to see more research on therapeutics, not just mandates and restrictions coming from government. You know, why are we not focusing on that.

Vaccine mandates that President Biden had said repeatedly that he had opposed, and now he's looking to take away people's livelihoods, have them banned from their place of employment if they are not vaccinated.

And I support the vaccine, I'm vaccinated, I've held, you know, clinics to get my constituents vaccinated. But that's not the point. The point is that we should be demanding more research, more answers, when it comes to natural antibodies, when it comes to therapeutics, and yes, we encourage Americans to get vaccinated, but there should be alternatives—at this point, there should be alternatives in terms of treatments and therapeutics, and I don't think we're doing a good enough job.

Now, in terms of mislabeling misinformation, I, like Dr. Bhattacharya, was a victim of Big Tech censorship. And I simply—and in my video, said that I supported the vaccine, but I was simply announcing a lawsuit against the vaccine passports in New York City, and that was enough to have my video taken down, and I was censored.

Now, I had appealed it. They said it was—I was violating community standards or whatever it was, it was medical misinformation. I then appealed it again, and they said, Oh, you know, on second or third look, you no longer violate our community standards.

So you know, the question here is really, you know, how do you address this issue with these arbitrary people sitting in a room deciding, you know, what's misinformation, what's not?

And I would pose that question to all of you because I think that's the real issue here. You cannot just censor people for sharing their views, their opinions, for announcing a lawsuit, or for sharing their medical expertise, as Dr. Bhattacharya was censored.

So, anyone have a—feel free to answer that question if you would like.

Dr. KENNEDY. I would say that obviously I don't have a comment on censorship. The thing that I would say is that whenever there is misinformation that drives fraud, right, irrespective of where it comes from, then that is a serious problem that needs to be addressed, right?

That people are being taken, not only because the coronavirus is having health impacts, but the frauds are impacting them in a number of different ways as well. So, that's something that needs to be addressed aside from the politicization of this.

Ms. MALLIOTAKIS. If we only focused on crime and child trafficking and drug trafficking that's occurring on our social media networks all across this country, I think we would be better off as a result of that. That's where we should be starting.

But thank you, and I ran out of time. I'll do followup, I guess, Chair.

Chairman CLYBURN. [Presiding.] I thank the gentlelady for yielding back. The chair now recognizes Mr. Krishnamoorthi for five minutes.

Mr. KRISHNAMOORTHI. Thank you, Mr. Chair.

Dr. Bhattacharya, I wanted to start with you. On January 11, 2021, you and Mr. Sanjay Aggarwal wrote an article in an Indian—or periodical, The Print, entitled, majority Indians have natural immunity, correct?

Dr. BHATTACHARYA. I said—I cited some sere problems later on.

Mr. KRISHNAMOORTHI. Yes. You said majority Indians have natural immunity. And in that article you said, quote, "India is reaching very high levels of natural immunity." You said that, right?

Dr. BHATTACHARYA. The article argued for vaccinating older people in India.

Mr. KRISHNAMOORTHI. And you said—and this is January 11, 2021—you said, "There are reasons for optimism at the beginning of the year." Well, sir, after you said that, there were approximately 24 million cases of COVID, a Delta variant ravaging India in the months to follow, and there were almost 313,000 deaths from COVID, three of whom were my extended family.

Dr. BHATTACHARYA. [Inaudible].

Mr. KRISHNAMOORTHI. You said there were reasons for optimism at the beginning of the year. Unfortunately, sir, there are reasons to question your judgment.

Dr. BHATTACHARYA. I'm sorry. Can I——

Mr. KRISHNAMOORTHI. Sir, you were an expert witness in litigation in Tennessee, correct?

Dr. BHATTACHARYA. Can I respond to that, please?

Mr. KRISHNAMOORTHI. You were an expert witness in litigation in Tennessee, correct?

Dr. BHATTACHARYA. OK. I said in that article that I was for—I was arguing for vaccinating older people. A hundred million doses should have gone to the old because I anticipated that there might be a wave. That is why——

Mr. KRISHNAMOORTHI. Sir, in that article, you said, in nearly a billion Indians have already been infected, the vast majority have recovered from infection and have lasting immunity to reinfection. You were dead wrong.

Dr. BHATTACHARYA. I said in that article that there were 100 million doses of the vaccine. You're mischaracterizing the article. I said in the article there were 100 million doses of the vaccine available, 100 million that should go to the elderly because they were still vulnerable.

Mr. KRISHNAMOORTHI. Sir, did you participate as an expert witness in litigation in Tennessee?

Dr. BHATTACHARYA. Yes, I did. And Georgia and many other places.

Mr. KRISHNAMOORTHI. And how much were you paid as an expert witness in that?

Dr. BHATTACHARYA. None. I have taken no money for any of my activities on COVID.

Mr. KRISHNAMOORTHI. I'm glad, because your advice and your testimony was worth what you were paid for it.

According to the judge in that litigation, Judge Crenshaw, you said—he said, quote, "You are not qualified to speak on the issue that you are testifying on" and that, quote, "You were advancing a personal agenda," close quote. That's from his opinion, sir. That's from his opinion.

In fact, you were——

Dr. BHATTACHARYA. Did you read the full opinion? Did you look at the bottom of the footnote——

Mr. KRISHNAMOORTHI. Yes. I have it right here, sir.

Dr. BHATTACHARYA [continuing]. Where he said I was qualified? The footnote literally says that I'm qualified under the Daubert. So, that's just a misrepresentation.

Mr. KRISHNAMOORTHI. Sir, he says here, the court, quote, "is simply unwilling to trust Dr. Bhattacharya," close quote.

Did you participate as an expert witness in a case in Florida?

Dr. BHATTACHARYA. I participated in cases——

Mr. KRISHNAMOORTHI. Sir, it's just a simple yes or no. Did you participate as an expert witness in litigation in Florida?

Dr. BHATTACHARYA. Yes.

Mr. KRISHNAMOORTHI. OK. In that particular case, the court said——

Dr. BHATTACHARYA. Which case is that? I don't know which one you're talking about.

Mr. KRISHNAMOORTHI. This is the case in which you defended the Governor's ban on mask mandates. Leon County Circuit Judge Cooper said his position was—that is referring to you—a distinct minority, and again concluded his interpretation of the study that you opined on was incorrect. That's the second piece of litigation that you were in.

Sir, did you participate——

Dr. BHATTACHARYA. OK. So, just so we're clear, that was overturned on appeal. We actually won that case.

Mr. KRISHNAMOORTHI [continuing]. As an expert witness in litigation in Manitoba, Canada, sir?

Dr. BHATTACHARYA. We actually won—we won that case on appeal. You're misrepresenting the facts.

Mr. KRISHNAMOORTHI. No, I'm not misrepresenting what the court said about your opinion, sir.

And how about in Canada, how about in Canada, in Manitoba? You participated as an expert witness in that litigation as well——

Dr. BHATTACHARYA. Yes.

Mr. KRISHNAMOORTHI [continuing]. Before the Court of Queens Bench Chief Justice Joyal, did you not?

Dr. BHATTACHARYA. I did.

Mr. KRISHNAMOORTHI. And in that, sir, again, the court went through your opinions and said, quote, "Your opinions are not supported by most of the scientific and medical community," close quote. And, sir, that was not won on appeal in any case.

Sir, you know, you quote something called the ministry of truth, which you jokingly referred to in your expert witness—I'm sorry—in your opening testimony. Are you aware of something called the, quote, "Publicity Department of the Chinese Communist Party"?

Dr. BHATTACHARYA. No.

Mr. KRISHNAMOORTHI. OK. Would you—I presume that you would never want to talk to an organ of the Publicity Department of the Chinese Communist Party, right?

Dr. BHATTACHARYA. I don't know anything about it.

Mr. KRISHNAMOORTHI. Sir, you gave an interview on May 5, 2020, to China Global Television Network, which is owned by the Publicity Department of the Chinese Communist Party. And you know what they did with your interview? They posted it on their Facebook page. You became a mouthpiece of the Publicity Department of the Chinese Communist Party in early 2021.

Chairman CLYBURN. The gentleman's time has expired.

Mr. KRISHNAMOORTHI. Congratulations. Thank you.

I yield back.

Chairman CLYBURN. I thank the gentleman for yielding back. The chair now recognizes Dr. Miller-Meeks for five minutes.

Mrs. Miller-Meeks. Thank you very much, Mr. Chair.

Dr. Bhattacharya, you know, we have standards in medicine and healthcare, and as a physician and former director of public health, I think we both know this.

And are you aware of judges being considered as experts for peer review of medical journals and scientific literature, and would you like to comment, which you did not get to do at your last question?

Dr. BHATTACHARYA. Yes. I think the problem is that the previous member cherry-picked from cases where the judges disagreed with my opinion. Many cases I've participated in, the judges agreed with my opinion.

My general impression about judges is not particularly positive. I don't think they're particularly well-trained to decide on these kinds of matters. The scientific opinion on many of these matters are quite in dispute, and so, yes, I don't think that they're qualified in general.

Mrs. Miller-Meeks. Thank you. And I agree with the chair when he said that, you know, misinformation and misinformation on social media is an extraordinarily complex problem. Who is the arbiter of misinformation?

So for instance, is a very tech-savvy employee of one of the social media giants the arbiter of scientific literature, peer reviewed or non-peer-reviewed literature, or is a board-certified physician or scientific researcher who has foundational education and who has reviewed current and available literature?

You know, we had information over the summer that our hospitals and pediatrics ICU admissions had skyrocketed and pediatrics ICUs were full, and they were full because of COVID–19 and unvaccinated COVID–19 children.

But when members of the Doctors Caucus, the GOP Doctors Caucus, queried their hospitals, we found out that, in fact, pediatric ICUs were full, but a half to two-thirds of those patients were RSV patients, respiratory syncytial virus.

We learned this fall that hospitals were being overwhelmed, and as we saw the media, both social media and traditional media, talked about hospitals being full with unvaccinated COVID–19 patients.

But when we checked with our local hospitals, many of them had closed beds, closed their wards, and they were closed due to staffing shortages.

We also saw in all of the press nationally about emergency rooms that were crowded with ivermectin overdoses only to find out that a single ER doctor in Oklahoma had made a comment which was not fully understood or supported, and when it was reviewed, was found not to have been true even in his emergency room.

You know, one of the things that I found interesting about the pandemic is what we've done with the pandemic, and the question I've asked both Dr. Fauci and Dr. Walensky has been about excess deaths, the number of excess deaths, which now we see the number of excess deaths, which are not from COVID–19, are now exceeding those from COVID–19.

And we especially see what the response to the pandemic has done to our children in closing schools. I've advocated for opening schools, advocated that in my state as a state Senator before being elected to Congress, and mentioned that we could expect to see in children not only a loss of learning, but an increase in child abuse, an increase in domestic violence in the home, more hunger when not available for school lunches, and especially more anxiety, depression, and suicide.

And, in fact, earlier this year, the Las Vegas School District opened up its schools after 18 suicides from March until December 31, 12 of them in the last six months of the year.

The American Academy of Pediatrics has declared a national emergency in children's mental health in October 2021. Dr. Bhattacharya, do you think that unnecessarily closed schools contributed to this crisis?

Dr. BHATTACHARYA. There's no question in my mind that that's the case.

Mrs. Miller-Meeks. I would tend to agree with that. And we had a talk on suicide just yesterday, with two experts.

What about the mask mandates? Even when children are playing outside—and let's recall that one of the truthful things the Chinese Communist Party revealed to us was that there was no transmission outdoors early on in the pandemic.

Dr. BHATTACHARYA. There's no evidence—high quality evidence from randomized trials that masking children does anything whatsoever to stop the spread. In Sweden last year, they had full in-person school with no masks, no mandate, no social distancing, just regular school for children aged 1 to age 15, and with no child deaths in that group, and the teachers at lower risk of COVID than the community at large.

Teachers were not at risk because children are very inefficient spreaders of the disease. We knew this, and yet nevertheless, many places closed schools.

Mrs. Miller-Meeks. Thank you so much, and I thank you for being willing to testify here today in somewhat an adversarial environment. That's the thing that's been most demoralizing about this pandemic, is that we as physicians, we as colleagues, we as scientists should be able to have a discussion and a debate and not be deplatformed, canceled, or censored. Thank you. I yield back my time.

Chairman CLYBURN. I thank the gentlelady for yielding back. I don't see any other members who wish to comment. I don't see the ranking member for his closing statement. So, what I would do at this time, I'll go ahead and make my closing statement, and will provide for extended remarks or any closing statement before the record is closed.

Now, before we close, I would like to enter into the record letters the committee has received from Center for Countering Digital Hate, Digital Citizens Alliance, and Media Matters for America, with respect to coronavirus frauds and the spread of misinformation.

I ask unanimous consent that these letters be entered into the official hearing record. So ordered.

Chairman CLYBURN. In closing, I want to thank the witnesses for testifying before the select subcommittee today. We appreciate your insight, your expertise, and your advice on how to combat coronavirus misinformation.

The spread of misinformation related to the coronavirus remains a complex and far-reaching problem. As we have heard from today's witnesses, throughout the pandemic, those who seek to exploit pandemic fears have found ever-evolving ways to profit from misinformation.

Using e-commerce sites, social media, messaging apps, and other technologies, bad actors have created a misinformation marketplace, where they sell fake products, forged documents for evading vaccine requirements, and unproven treatments.

Coronavirus misinformation endangers public health. It puts Americans' lives at risk and undermines our Nation's efforts to end the pandemic. Too many Americans are being sold falsehoods that work to undermine confidence in vaccines and science-based public health measures.

The Select Subcommittee is investigating bad actors who profit from the sale of these falsehoods. I encourage relevant agencies, such as the Federal Trade Commission, to take action against those who monetize coronavirus misinformation through deceptive advertising frauds and scams that prey on American consumers.

I applaud the Biden administration for its leadership in seeking solutions to this complex problem. I am encouraged that Surgeon General, Dr. Vivek Murthy, has declared misinformation a serious public health threat and has called on tech companies to fight it more aggressively.

I am pleased that President Biden's COVID–19 health equity task force has highlighted the need to combat misinformation associated with vaccines and rebuild trust in government and that the administration is using money from the American Rescue Plan to build vaccine confidence and counter misinformation.

Working together, we must find ways to stop those who seek financial gain by sowing doubt, spreading falsehoods, and exploiting fears amongst the American people.

I look forward to working with today's witnesses, my colleagues in Congress, and the Biden administration to find solutions.

With that, and without objection, all members will have five legislative days within which to submit additional, written questions

for the witnesses to the chair, which will be forwarded to the witnesses for their response.

This hearing is adjourned.

[Whereupon, at 4:01 p.m., the subcommittee was adjourned.]

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