Questions for the Record for Vivek H. Murthy, MD, MBA

House Select Subcommittee on the Coronavirus Crisis Hearing on March 30, 2022

Moving Beyond the Coronavirus Crisis: The Biden Administration's Progress in Combating the Pandemic and Plan for the Next Phase

Question from Rep. Jamie Raskin (MD-08)

1. In your opening statement, you said that the "extensive and dangerous spread of health misinformation" is one of the "biggest ongoing threats to our public health." Your written remarks further called on technology companies to "take responsibility for the unprecedented volume of misinformation on their sites" because "it's poisoning our information environment, and it's causing needless harm."

a. Why is misinformation such a serious threat to public health, and how is it contributing to vaccine hesitancy and impairing the response to the coronavirus pandemic?

During the COVID-19 pandemic, Americans have encountered an abundance of information from many sources in a rapidly changing information environment. Amid all this information, many Americans have been exposed to health misinformation, which has resulted in people declining COVID-19 vaccines, rejecting public health measures such as masking and physical distancing, and using unproven treatments.[1][2][3] Health misinformation takes away our ability and power to make informed decisions about our individual health and the health of our loved ones. Even brief exposure to COVID-19 vaccine misinformation has been shown to make people less likely to want a COVID-19 vaccine. [4]

While health misinformation did not start with the COVID-19 pandemic, the speed, scale and sophistication with which it is shared and consumed by the public during the pandemic has been unprecedented. According to a study published by the Kaiser Family Foundation in November 2021, at least 78 percent of adults believe or are unsure of COVID-19-related misinformation. The ubiquity of health misinformation throughout the COVID-19 pandemic has sowed distrust and doubt about life

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[1] https://royalsocietypublishing.org/doi/10.1098/rsos.201199,
https://www.cdc.gov/mmwr/volumes/69/wr/mm6916e1.htm

[2] https://www.cdc.gov/mmwr/volumes/69/wr/mm6916e1.htm

[3] https://pubmed.ncbi.nlm.nih.gov/32474977/

[4] https://www.nature.com/articles/s41562-021-01056-1

saving public health measures, undermined vaccination efforts, and ultimately harmed our collective health and ability to combat COVID-19.

We also know that the pandemic has disproportionately affected low-income communities and communities of color. Distrust of the health care system due to a history of racism and other inequities has made it easier for health misinformation to spread. Health misinformation and a lack of trust in scientific institutions can exacerbate these inequities and mislead people.

Misinformation has also eroded trust in our medical community and public health institutions, in some cases leading to harassment of and violence against public health and healthcare workers. And while it's still early in our understanding of the long-term impacts of COVID-19 misinformation, early research is indicating that COVID-19 related misinformation is starting to extend to health issues beyond COVID-19, including increased hesitancy related to standard childhood vaccinations[5]. This is an area we know researchers are monitoring closely and we will continue to watch.

Ultimately, health misinformation isn't just a COVID-19 issue: It threatens our ability to address current and future pandemics and other health challenges. By making it harder for us to distinguish what is true and what is false, health misinformation prevents us from taking care of ourselves and undermines our ability to take care of one another.

b. What can be done to stop the proliferation of misinformation online?

The Surgeon General's Advisory, Confronting Health Misinformation, that the Office of the Surgeon General issued in July 2021 calls for a whole of society approach to addressing health misinformation.[6] It includes recommendations for how all of us-- individuals, communities, educators, health professionals, journalists, researchers, funders, technology platforms, and governments—can help stop the proliferation of health misinformation.

I believe it's especially important that individuals and communities know that they have the power to build a healthier information environment and that they have the tools to do so. We each have power to shape our information environment. But doing so requires us to raise our personal bars for what health information we choose to share. That's why in November 2021, in partnership with the Centers for Disease Control and Prevention (CDC), I issued a community toolkit filled with practical resources that anyone can use.[7] The community toolkit includes a Health Misinformation Checklist to help evaluate the accuracy of health-related content, tips on how individuals can talk to loved ones about health misinformation, an outline of common types of misinformation and disinformation tactics, and reflections and examples of times individuals may have encountered misinformation.

Technology companies must also act. Health misinformation is not a new phenomenon, but the speed, scale, and sophistication with which is now spreads has been enabled by the technology platforms. These platforms do incalculable damage when they allow health misinformation to spread unchecked. In one recent study, 73% of American healthcare workers said they had seen patients repeat

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[5] https://www.politico.com/news/2022/04/18/kids-are-behind-on-routine-immunizations-covid-vaccine-hesitancy-isnt-helping-00025503

[6] https://www.hhs.gov/sites/default/files/surgeon-general-misinformation-advisory.pdf

[7] https://www.hhs.gov/sites/default/files/health-misinformation-toolkit-english.pdf

misinformation picked up via social media, with 84% of that group pointing to Facebook as a source.[8] To start, that means technology companies should operate with greater transparency, specifically by giving independent researchers access to data on what people are exposed to, not just what they engage with, as well as data on the impact of their interventions on reducing the spread of health misinformation. Technology companies can also modify their algorithms to avoid amplifying misinformation. They can swiftly and consistently take action against misinformation super-spreaders on their platforms. And they can dedicate more, specialized resources to combatting the proliferation of non-English-language misinformation.

Finally, government officials at all levels have both an opportunity and an obligation to make sure Americans have the tools, the support, and access to the necessary information they need to help keep themselves and their loved ones healthy and safe.

We have already seen hopeful results of U.S. Government efforts to counter disinformation related to the COVID-19 vaccine. In 2021, the U.S. Global Engagement Center supported an interactive messaging campaign in South Africa, focused on reducing vaccine hesitancy. By pairing game-like messaging with built-in sentiment analysis, the implementer was able to measure a reduction in negative vaccine sentiment from 12% to 9% among an audience of 5,300,000 - meaning that about 150,000 people changed their minds about the vaccine. I am impressed by the results of the GEC's campaign and hope it will serve as a model for additional campaigns against vaccine hesitancy.

2. According to a recent analysis from the Pew Research Center, in the fall of 2021, the counties that supported then-President Trump by the highest margins in the last presidential election had death rates four times higher than the counties that supported President Biden. The analysis attributed these deaths to the disparate vaccination rates between these counties.

a. What can we do to close the partisan divide on vaccinations?

 I believe that we can and must de-politicize public health both in the short and long term in order to protect our nation's health.

We must pursue proven strategies to promote the uptake of evidence-based interventions to protect health, including vaccination, everywhere. To start, we must continue working with and supporting local, trusted community messengers, over the long-term- including local healthcare providers. These trusted voices in the community are influential on individual decisions to get vaccinated. In circumstances where individuals don't have a trusted primary care physician, faith leaders, teachers, and employers may be the most influential and accessible source of critical public health information.

At the same time, we must begin the hard work of rebuilding trust in our health institutions and government leaders. The last two years have seen a steep decline in trust in our institutions. Census Bureau data show that a lack of trust in the government is among the top reasons chosen by the unvaccinated to explain their choice.[9] Another recent study showed that higher levels of trust in

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[8] THE COVID STATES PROJECT: A 50-STATE COVID-19 SURVEY REPORT #77: HEALTHCARE WORKERS' PERCEPTION OF COVID-19 MISINFORMATION. https://osf.io/6pzqj/
[9] https://www.census.gov/library/stories/2021/12/who-are-the-adults-not-vaccinated-against-covid.html

government had large, statistically significant associations in countries with fewer COVID-19 infections.[10] While this study only shows a correlation between trust in government and lower COVID-19 rates, it does suggest that increased trust in government could have helped mitigate some of the worst impacts of COVID-19 in the U.S.

Over the long term we must prioritize and invest in lifelong, nationwide, information and science literacy programs.[11] This should include efforts to build long-term resilience to health misinformation for people of all ages.[12] As the complexity of the information environment continues to grow, health information literacy, including educating the public on common tactics used by those who spread misinformation online, is now an essential lifelong skill.

b. What role does misinformation play in contributing to this divide?

There is both a supply and a demand problem regarding health misinformation. On the supply side, we are in the midst of what the WHO and UN have called an "infodemic"- characterized by the unprecedented amount of information during the pandemic, facilitated in large part by the spread of misinformation on technology platforms. [13] On the demand side, research indicates that we may in fact be drawn to and share misinformation and news that confirms our own political views and biases. [14] Together, these factors contribute to a partisan divide in the information Americans consume about COVID-19 vaccinations.

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[10] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00172-6/fulltext

[11] https://royalsociety.org/-/media/policy/projects/online-information-environment/the-online-information-environment.pdf?la=en-GB&hash=691F34A269075C0001A0E647C503DB8F

[12] https://www.hhs.gov/sites/default/files/surgeon-general-misinformation-advisory.pdf

[13] https://www.who.int/news/item/23-09-2020-managing-the-covid-19-infodemic-promoting-healthy-behaviours-and-mitigating-the-harm-from-misinformation-and-disinformation

[14] https://www.brookings.edu/techstream/how-partisan-polarization-drives-the-spread-of-fake-news/