Impact of Digital Health Misinformation in the United States During the COVID-19 Pandemic

A Request for Information (RFI) from the Department of Health and Human Services, Office of the Surgeon General

Summary:

The Office of the Surgeon General requests input from interested parties on the impact and prevalence of health misinformation in the digital information environment during the COVID-19 pandemic. The purpose of this RFI is to understand the impact of COVID-19 misinformation on healthcare infrastructure and public health more broadly during the pandemic including (but not limited to) quality of care, health decisions and outcomes, direct and indirect costs, trust in the healthcare system and providers, and healthcare worker morale and safety. Understand the unique role the information environment played in the societal response to the COVID-19 pandemic and implications for future public health emergencies, understand the impact of exposure to health misinformation and how access to trusted and credible health information, particularly during a public health emergency, impacts lifesaving health decisions such as an individual’s likelihood to vaccinate; and use the information requested to prepare for and respond to future public health crises. HHS will consider the usability, applicability, and rigor of submissions in response to this RFI and share learnings from these responses with the public. Public comments and submissions will also be made available to the public and can be used for research purposes.

Dates:

To be assured consideration, comments must be received via this form or methods provided below, no later than midnight Eastern Time (ET) on May 2, 2022. Submissions received after the deadline will not be reviewed.

For further information, contact Max Lesko at COVIDMisinfoRFI@hhs.gov or at (202) 893-5020.

Instructions:

Please feel free to respond to as many topics as you choose. Responses should include the name of the person(s) or organization(s) filing the comment, as well as the respondent type (e.g., academic institution, advocacy group, professional society, community-based organization, industry, member of the public, government, and governmental entities such as libraries and public health departments). Respondent’s role in the organization, as applicable, may also be provided (e.g., researcher, administrator, student, product manager, journalist) on a voluntary basis. Comments containing references, studies, research, and other empirical data that are not widely published should include electronic links to the referenced materials or be attached to the email. No proprietary business information, copyrighted information, or personally identifiable information should be submitted in response to this RFI. Listening sessions will be hosted to allow oral comments and submissions. Please be aware that all submissions will be reviewed and relevant comments submitted in direct response to the information requested in this RFI may be posted or otherwise released publicly.

Alternative submission methods:

Submissions with attachments may be submitted via email at COVIDMisinfoRFI@hhs.gov. Include [Impact of Health Misinformation in the Digital Information Environment in the United States Throughout the COVID-19 Pandemic Request for Information (RFI)] in the subject line of the message. You may respond to some or all of the topic areas covered in the RFI. You may also include links to online material or interactive presentations.

Submissions to the RFI may be posted directly on Federal eRulemaking Portal at http://www.regulations.gov. Follow the instructions for sending comments.
Impact of Digital Health Misinformation in the United States During the COVID-19 Pandemic

Background:

Health misinformation- health information that is false, inaccurate, or misleading according to the best available evidence at the time- has been a challenge during public health emergencies before, including persistent rumors about HIV/AIDS that have undermined efforts to reduce infection rates in the U.S. and during the Ebola epidemic. But the speed, scale, and sophistication with which misinformation has been spread during the COVID-19 pandemic has been unprecedented. Recent research shows that most Americans believe or are unsure of at least one COVID-19 vaccine falsehood. The digital information environment is a phenomenon that requires further research and study to better prepare for future public health emergencies. This RFI seeks to understand both the impact of health misinformation during the COVID-19 pandemic and the unique role that technology and social media platforms play in the dissemination of critical health information during a public health emergency. The inputs from stakeholders will help inform future pandemic response in the context of an evolving digital information environment.

Scope and Assumptions

- The definition of health misinformation for the purposes of this RFI is health information that is false, inaccurate, or misleading according to the best available evidence at the time.
- Exposure is defined as seeing content in newsfeeds, in search results, or algorithmically nominated content.
- Potential exposure is the exposure users would have had if they could see all the content that is eligible to appear in their newsfeeds.
- Engagement includes the clicking or viewing of content, as well as reacting.
- Sharing is the act of sharing a piece of pre-existing content within social media.
- Technology platforms include the following: general search engines, content sharing platforms, social media platforms, e-commerce platforms, crowd sourced platforms, and instant messaging systems.
- Relevant dates for responses include January 2020- Present.
- Research, case studies, data sets, images, data visualizations, interviews, and personal testimonies may be submitted.
- All information should be provided at a level of granularity that preserves the privacy of users.
- If including data sets, please make the data available in a downloadable, machine-readable format with accompanying metadata.

Information Requested / Key Questions

Please respond to specific topics where you have both expertise and sufficient evidence to support your comments. Respondents are requested to share objective results of an evaluation for each topic when possible. A response to every item is not required.
Information about Impact on care

1. Information about how COVID-19 misinformation has affected quality of patient care during the pandemic.
   a. Information about how important a role COVID-19 misinformation played in patient decisions not to vaccinate, including the types of misinformation that influenced decisions.
   b. Information about the media sources from which patients are receiving misinformation and if such information has negatively influenced their healthcare decisions or resulted in patient harm.

There is bias in this question. It presumes vaccination was the only rightful outcome of the government’s vaccination campaign; there is no allowance for a decision not to be vaccinated. Misinformation is a normal part of life and free speech. Open sharing of ideas (right or wrong) is not a crime and government regulators should not attempt to regulate constitutionally protected free speech.

INSTEAD: The Office of the Surgeon General (OSG) should be looking at how insufficient information and incomplete information from the government and its collaborators (Pharma, news media) harmed patients. Patient trust was damaged, and decision-making reflected that distrust. The government and its collaborators did not properly or truthfully inform patients of risks in addition to claimed benefits.

While the American corporate news media and government agencies followed a set pro-vaccination narrative, alternative media sources shared the science of the vaccination. These sources, including videos, podcasts, reports on social media, European news sources, Covid summits, resources from health freedom organizations, books by and interviews with concerned immunologists, epidemiologist, cardiologists, ICU physicians, and others were a source of countervailing information for the public, providing both the possible benefits and risks of getting the shot.

Most disinformation, and omission of important information the public needed to arrive at an informed decision, has come from the federal government itself. This was parroted by a narrative-compliant corporate media, which, given pharmaceutical advertising, may be in a conflict of interest with the American people, prioritizing advertising dollars over safety and science.

At the highest levels, the government worked to suppress information that the public needed to make an informed decision. For example, in July 2021, President Biden told Americans, “You’re not going to get COVID if you have these vaccinations.” Only later as the public became aware of “breakthroughs” was it revealed that the vaccine was never developed to provide sterilizing immunity against COVID-19. Also revealed, as opposed to earlier claims, was the fact that the vaccinated can spread the virus; they have a similar viral load. These faulty claims by the federal government and other proponents, were purposeful deception (disinformation) intended to increase COVID-19 vaccination rates. Biden’s statement found here: https://www.usnews.com/news/politics/articles/2021-07-21/ap-fact-check-biden-inflates-jobs-impact-from-his-policies

Anyone who knows the FDA process for approval of new vaccines, the development was shorter than usual by about 10 years; the mechanism (mRNA) was new, genetic, and essentially untested; the plans were to give it to population groups that had never been part of any clinical trial; and the recently and begrudgingly released Pfizer documents show the risks were well known within the first three months of the trials, short as they were.

The OSG should be particularly concerned about the hiding of patient-safety risks, and the failure of the FDA process to unearth them before the Emergency Use Authorization (EUA) was granted. As of 4/8/2022 more than 1.2 million cases of death or disability or injury had been reported to the Vaccine Adverse Events Reporting System (VAERS). This fact is not told to the American public by government officials or the corporate news media, therefore many American wrongly believe the vaccine is perfectly safe, even though it is not. This omission is disinformation.
2. Information about how COVID-19 misinformation has impacted healthcare systems and infrastructure.
   a. Information about time and resources spent addressing COVID-19 misinformation.
   b. Information about how COVID-19 misinformation has impacted healthcare worker morale and safety in the workplace, including instances of online harassment or harm.

It is unfortunate that health care systems spent inordinate time issuing disinformation to counter truth, at three levels, beginning with early and effective, life-saving treatment. Telling patients there was nothing to do but "go home and return if you become breathless" led to many Americans dying when they could have been simply and affordably treated with FDA-approved, anti-viral drugs that were first being used in March 2020 as noted by Dr. Peter McCullough in November 2020 testimony before the U.S. Senate: "Hydroxychloroquine was widely used early on, that's what kept the March-April-May curve down." (https://www.courthousenews.com/drug-propped-up-by-trump-as-covid-cure-gets-mixed-billing-in-senate-hearing/)

During interviews, physicians Drs. Peter McCullough, M.D. and Harvey Risch, M.D., PhD, have both said early treatment could have saved approximately 80 to 85 percent of those who died. Risch in a November statement to the U.S. Senate said, "We have spent the last six months with formal government policies and warnings against early outpatient treatment, with large government investments in vaccines and expensive new treatments yet to be proven and almost no support of inexpensive but useful medications, and a QUARTER OF A MILLION of Americans have DIED from this MISMANAGED approach." [Emphasis ours.] https://www.hsgac.senate.gov/imo/media/doc/Testimony-Risch-2020-11-19.pdf

Second, health care systems deceived the public by making claims about Covid deaths that were not actually Covid deaths. The mainstream media parroted these numbers. Yet, the reported numbers were inflated numbers, scaring people needlessly. As Dr. Ngozi Ezike, Director of the Illinois Department of Public Health, explained in April 2020, but news media did not herald to the masses:

"That means if you were in hospice, and had already been given a few weeks to live, and then you also were found to have Covid, that would be counted as a Covid death. It means, technically even if you died of clear alternate cause, but you had Covid at the same times, it's still listed as a Covid death. So, everyone who is listed as a Covid death, doesn't mean that was the cause of the death but they had Covid at the time of death." https://www.youtube.com/watch?v=Tw9Ci2PZKZg

Instead, it took until January 2022 for CDC Director Rochelle Walensky to agree indirectly with the distinction by answering the "from Covid or with Covid" question by saying "those data will be forthcoming." https://www.washingtonpost.com/politics/2022/01/10/rochelle-walensky-is-not-good-this/

Third, patients and practitioners experienced harm from health care systems. They were forced into vaccination, ostensibly to protect patients. Many doctors and nurses have been terminated or forced to resign to maintain bodily integrity as government seized power through Medicare Conditions of Participation and the court system. Media collaborators continued to spread disinformation about the vaccination, natural immunity, and the masks.

We know now the vaccinated have continued to spread Covid-19 (similar viral load), and the vaccinated are increasingly being hospitalized and dying. But the vaccine mandate has not been lifted, and the government is continuing to press the courts to give them power to mask the population at will, although the mask mandate is a violation of human and inalienable rights -- and has been proven to be ineffective.

The risk of Antibody-Dependent Enhancement (ADE) was also not explained to Americans. Per the FDA in the EUA: "Available data do not indicate a risk of vaccine-enhanced disease, and conversely suggest effectiveness against severe disease within the available follow-up period. However, risk of vaccine-enhanced disease over time, potentially associated with waning immunity, remains unknown and needs to be evaluated further in ongoing clinical trials and in observational studies that could be conducted following authorization and/or licensure."
Information about Technology Platforms

3. Information about how widespread COVID-19 misinformation is on individual technology platforms including: general search engines, content sharing platforms, social media platforms, e-commerce platforms, crowd sourced platforms, and instant messaging systems.
   a. Starting with, but not limited to, these common examples (https://www.cdc.gov/coronavirus/2019-ncov/vaccines/facts.html) of COVID-19 vaccine misinformation documented by the Centers for Disease Control and Prevention (CDC), any aggregate data and analysis on the prevalence of COVID-19 misinformation on individual platforms including exactly how many users saw or may have been exposed to instances of COVID-19 misinformation.
   b. Any aggregate data and analysis on how many users were exposed, were potentially exposed or otherwise engaged with COVID-19 misinformation.
      a. Exposure is defined as seeing content in newsfeeds, in search results, or algorithmically nominated content.
      b. Potential exposure is the exposure users would have had if they could see all the content that is eligible to appear within their newsfeeds.
      c. Engagement includes the clicking or viewing of content, as well as reacting. Sharing is the act of sharing a piece of pre-existing content within social media.
   c. Any aggregate data broken down by demographics on groups or populations who may have been differentially exposed to or impacted by COVID-19 misinformation.

In a country that purposely enshrined free speech in its Bill of Rights—because free speech is a human and inalienable right—there is no such thing as misinformation that can be categorized as the crime against humanity that the Office of the Surgeon General implies in this RFI. The federal government should be pointing to itself as the key culprit in the war against Covid truth.

Thus, there is no misinformation on technology platforms that needs any investigation, nor are any statistics about "exposure" or "potential exposure" or "engagement" required. HHS and the OSG are trying to make into a crime that which is not a crime. No one who cares about freedom or free speech should even answer this "Information about Technology Platforms" question — unless they’d like to provide statistics on how many people and groups were CANCELLED, permanently BANNED, and ACCUSED of being violators of the various platform’s government-compliant community standards.
4. Information about COVID-19 misinformation policies on individual technology platforms.
   a. Any aggregate data and analysis of technology platform COVID-19 misinformation
      policies including implementation of those policies and evaluations of their
      effectiveness.

Misinformation example from Twitter’s removal policy:

Tweet Removal
We may require customers to delete Tweets that are found to violate this policy and are severely harmful. We may also temporarily lock you out of your account before you can Tweet or share information again. These tweets will accrue 2 strikes in accordance with our strike policy stated below. We will require the deletion of Tweets that contain, for example:
1. False claims about COVID-19 that invoke a deliberate conspiracy by malicious and/or powerful forces, such as:

Vulnerable groups (such as pregnant women, the elderly, or children) are being experimented on.

[CCHF: This is actually true. These groups were not part of the original clinical trials, and current EUA (emergency use authorization) ask for follow-up studies about the impact on some of these groups] That vaccines approved by health agencies (such as Pfizer's Comirnaty vaccine in the United States) did not receive full approval/authorization, and therefore that the vaccines are untested and “experimental.”

[CCHF: This is actually true. Pfizer EUA was granted in December 2020, but the vaccine was not approved until until August 23, 2021. The patient information sheets note that the vaccines are not approved. And a Pfizer document labeled “global information about Pfizer BioNTech covid-19 vaccine” says “in countries where the vaccine has not been approved by the relevant regulatory authority, it is an investigational drug, and its safety and efficacy has not been established.”]

False information about widely accepted testing methodologies, such as that PCR tests are unable to detect the virus.

[CCHF: This is actually true. In August 2020, the NYT revealed a rate of 90% PCR false positives in several states, and the FDA later advocated for labs to share their cycle threshold (CT) levels with the ordering physicians. Dr. Fauci in a July 2020 said PCR tests with more than 35 CT were just finding “dead nucleotides. Period.”]
5. Information about sources of COVID-19 misinformation.
   a. Information about the major sources of COVID-19 misinformation associated with exposure.
      a. By source we mean both specific, public actors that are providing misinformation, as well as components of specific platforms that are driving exposure to information.

Public actors that repeatedly exposed the public to disinformation (purposeful deception) are too numerous to name. They provided disinformation as though it were truth, tried to block the truth at every turn, or made no attempt to challenge the disinformation being issued across the nation.

Key disinformation experts include President Joe Biden, VP Kamala Harris, Moderna, Pfizer, J&J, Dr. Anthony Fauci, Dr. Deborah Birx, Dr. Rochelle Walensky, Dr. Robert R. Redfield, CDC, FDA, NIH, NIAID, OSG, the 57 professional health care groups that signed a joint statement in support of a vaccine mandate, NEJM, JAMA, THE LANCET, CNN, MSNBC, WashPo, Jack Dorsey at Twitter, Mark Zuckerberg at Facebook, Google, health officials, governors, the physicians and pharmacists who endangered patients by following government or corporate treatment protocols, and many members of Congress and state legislators.

OSG should applaud the HEROES that fought disinformation. These include doctors that left corporate systems (by force or by choice) and set up telehealth clinics. Using early treatments essentially banned by government, they saved patients from the deadly cytokine storm and clotting phases of Covid. Also to be applauded are the compounding pharmacies that dispensed ivermectin, HCQ, and other “prescriptions non grata” that saved lives and limited long Covid.

Heroes include those who lost jobs rather than give the government or a corporation control over their bodily autonomy, such as nurses, doctors, pilots, flight attendants, and hundreds of thousands of other employees. Heroes include parents who refused to give up their children to the government’s mandate, individuals who filed lawsuits, and judges that ruled against medical tyranny.

Warriors against government disinformation include certain media and social media (e.g. Elon Musk, The Epoch Times, Tucker Carlson on Fox News, Joe Rogan on Spotify, American Family Radio, Dr Been Medical Lectures) that pushed for balanced reporting or interviewed experts about the dangers of vaccine and mask mandates, and lockdowns, such as Scott Atlas, MD; Jay Bhattacharya, MD; Peter McCullough, MD; Robert Malone, MD; Pierre Kory, MD; Mary Talley Bowden, MD; Paul Marik, MD; Martin Kulldorff, MD; Harry Risch, MD, and Aaron Kheriaty, MD.

Policy and advocacy organizations that have long fought for health freedom or just sprang up since 2020 to fight the government (disinformation) campaigns and the medical tyranny of vaccine mandates, mask mandate, vaccine passports, and tracking of private medical decisions should also be applauded. These include OpenVAERS.com, NVIC, FLCCC, Stand for Health Freedom, Citizens’ Council for Health Freedom (our organization), Steven Kirsch’s Covid-19 Early Treatment Fund, and many more.

Warriors against disinformation also include the vaccine-injured, the vaccine widows and widowers, and those who are grieving the loss of family members, friends, and colleagues post-vaccine—and are speaking out about it.

Elected officials fighting the federal disinformation narrative include President Donald Trump, who advocated for the use of early treatment with HCQ in March 2020; U.S. Senator Ron Johnson who’s exposing the truth about early treatment and vaccine injury in hearings on Capitol Hill; U.S. Senator Rand Paul who’s pursued truth from federal officials; Governors like Governor Ron DeSantis, who’ve shut down mandates; and various Attorney Generals, like Douglas J. Peterson in Nebraska, who give legal support for off-label use of effective, safe, FDA-approved medications for COVID-19.

Since the government has been the primary source of disinformation since the beginning of the pandemic, it has an obligation to claim fault, apologize to the American people, make a federal case of the disinformation experts in its ranks, and announce and herald the heroes that fought through droves of disinformation to save American lives—and are still doing it today.
6. Information about COVID-19 misinformation from sources engaged in the sale of unproven COVID-19 products or services (e.g., prescriptions for unapproved or unauthorized drugs, sales of alternative cures, or sales of other unapproved or unauthorized COVID-19 medical products), or other money-making models.

Enter your answer
7. Information about how COVID-19 misinformation has impacted individuals and communities.

   a. Information about how COVID-19 misinformation has impacted organizations that serve communities directly through service (e.g., libraries and food banks), and community-based organizations that are faith-based or provide affinity to communities (e.g., clubs and sororities or fraternities).

   b. Information about how COVID-19 misinformation has impacted community members: individuals and families.

Regarding the impact on communities and individuals, Covid "misinformation" conveyed by the federal government caused hundreds of thousands of deaths. The narrative discouraged, and in some cases rigorously denied, early treatment, which gave Americans no choice but to do nothing until it was too late for many of them. This resulted in unnecessary deaths and hospitalizations, exposure to Remdesivir (a drug that can lead to organ failure), and mechanical ventilation (from which about 90 percent of COVID-19 patients died).

The government also dismissed natural immunity, a longstanding scientific fact in immunology and epidemiology. It pressured previously infected individuals to get vaccinated. It pressured all employees, even the previously infected, to get vaccinated or be terminated. In line with longstanding science, current studies continue to find previous infection preventing reinfection. This JAMA study below shows the unvaccinated who’ve been previously infected with Covid being 85% to 100% protected from reinfection with COVID-19. Those who’ve been infected have long-lasting immunity against all the proteins of the virus. Those who have vaccine-induced immunity have immunity only against the spike protein, an immunity that wanes after about six months:

https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2791312?utm_source=STAT%20Newsletters&utm_medium=email&utm_campaign=925f379df1-MR_COPY_01&utm_term=0_8cab1d7961-925f379df1-152014277&fbclid=IwAR36oTM99NQJxGfM0_xd5Ia0k3mjOS-L2qAo4vyyfMkMWVyuHje3p4bJds

NOTE: Many fully vaccinated individuals are now being hospitalized with Covid, and some are dying. These are not “breakthrough infections.” They are expected infections because the vaccine does not provide sterilizing immunity. By not recognizing natural immunity, and not informing Americans of insufficient vaccine immunity, the government continues to disinform.

The government’s (disinformation) campaign also led to mandates that shuttered small businesses, favored large businesses, forced people into retirement or unemployment, reduced incomes, caused supply chain breakdowns, increased mental health struggles, caused significant weight gain, imposed distance and loneliness, lead to many cancers being discovered too late, caused unnecessary fear, took away freedoms, and left Americans to die alone. Americans were led to believe masks and vaccines (devices) would provide safety when, in fact, they gave little to no protection from COVID-19.

The fear created by government disinformation continues today. People are still afraid. This has caused parents to cover their children’s mouths and keep them out of school (despite the rest of the world returning to in-school education). Children have lost valuable years of education and been made to fear living humans as though they are a danger to them.

Misinformation is not a crime, and it’s usually inadvertent. The real criminals here are the spreaders of disinformation -- particularly the federal government. This RFI is a ruse to avoid the truth about who was and still is spreading lies, deception and disinformation about the Covid-19 virus and the Covid vaccines: the federal government and its collaborators.
* Required

**Submission**

You may respond to some or all of the topic areas covered in the RFI, and you can suggest other factors or relevant questions. You may also include links to online material or interactive presentations. If including data sets, please make the data available in a downloadable, machine-readable format with accompanying metadata.

Please note that this is a request for information (RFI) only. In accordance with the implementing regulations of the Paperwork Reduction Act of 1995 (PRA), specifically 5 CFR 1320.3(h) (4), this general solicitation is exempt from the PRA. Facts or opinions submitted in response to general solicitations of comments from the public, published in the Federal Register or other publications, regardless of the form or format thereof, provided that no person is required to supply specific information pertaining to the commenter, other than that necessary for self-identification, as a condition of the agency's full consideration, are not generally considered information collections and therefore not subject to the PRA.

This RFI is issued solely for information and planning purposes; it does not constitute a Request for Proposal (RFP), applications, proposal abstracts, or quotations. This RFI does not commit the U.S. Government to contract for any supplies or services or make a grant award. Further, we are not seeking proposals through this RFI and will not accept unsolicited proposals. We note that not responding to this RFI does not preclude participation in any future procurement, if conducted. It is the responsibility of the potential responders to monitor this RFI announcement for additional information pertaining to this request.

HHS may or may not choose to contact individual responders. Such communications would be for the sole purpose of clarifying statements in written responses. Contractor support personnel may be used to review responses to this RFI. Responses to this notice are not offers and cannot be accepted by the Government to form a binding contract or issue a grant. Information obtained as a result of this RFI may be used by the Government for program planning on a non-attribution basis. This RFI should not be construed as a commitment or authorization to incur cost for which reimbursement would be required or sought. All submissions become U.S. Government property; they will not be returned, and we may publish some of their content.

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8. Full Name or Organization Name *

Twila Brase, RN, PHN, Citizens' Council for Health Freedom (CCHF)
9. Respondent Type *

- Member of the Public
- Academic Institution
- Advocacy Group
- Professional Society
- Community-based Organization
- Industry
- Government
- Other

10. Respondent's Role in Organization

President and Co-founder

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