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Misinformation & Mistrust

Sierra Leone, 2014



Ebola in Sierra Leone, 2014-2016

N NEWSWEEK MAGAZINE

In Fight Against Ebola, Front-Line Health Workers Risked Their Lives And Never Got Paid

BY AMY MAXMEN ON 05/19/15 AT 12:54 PM EDT




Photo: Neil Brandvold

Covid-19: San Joaquin Valley, USA 2020



INEQUALITY'S DEADLY TOLL

A century of research has demonstrated how poverty and discrimination drive disease. Can COVID push science to finally address the issue? **By Amy Maxmen**



Thymosin Alpha 1
\$65.00 - \$450.00

THYM-004
Ac-Ser-Asp-Ala-Ala-Val-
Asp-Thr-Ser-Ser-Glu-Ile-
Thr-Thr-Lys-Asp-Leu-Lys-
Glu-Lys-Lys-Glu-Val-Val-
Glu-Glu-Ala-Glu-Asn-OH

Desperate for Covid Care, Undocumented Immigrants Resort to Unproven Drugs

Shut out from mainstream medicine, some immigrants are buying expensive, unproven Covid therapies from "wellness" clinics or turning to the black market.



Cherry Avenue Auction in Fresno, Calif. Brian L. Frank for The New York Times

By Amy Maxmen
June 26, 2020

FRESNO, Calif. — On a Tuesday afternoon in April, among tables of vegetables, clothes and telephone chargers at Fresno's biggest outdoor flea market were prescription drugs being sold as treatments for Covid.

Race, Ethnicity, and Age Trends in Persons Who Died from COVID-19 — United States, May–August 2020

Morbidity and Mortality Weekly Report

Summary

What is already known about this topic?

Persons aged ≥65 years and members of minority racial and ethnic groups are disproportionately represented among COVID-19–associated deaths.

What is added by this report?

Analysis of 114,411 COVID-19–associated deaths reported to National Vital Statistics System during May–August 2020, found that 51.3% of decedents were non-Hispanic White, 24.2% were Hispanic or Latino (Hispanic), and 18.7% were non-Hispanic Black. The percentage of Hispanic decedents increased from 16.3% in May to 26.4% in August.

What are the implications for public health practice?

These results can inform public health messaging and mitigation efforts focused on prevention and early detection of infection among disproportionately affected groups so as to minimize subsequent mortality.

Hispanic persons were disproportionately represented among decedents: 24.2% of decedents were Hispanic compared with 18.5% of the U.S. population. In addition, the percentage of decedents who were Hispanic increased 10.1 percentage points from May through August. Whereas Hispanic persons accounted for 14% of COVID-19–associated deaths in the United States during February 12–May 18, 2020 (7), that percentage increased to approximately 25% in August. Although there has been a geographic shift in COVID-19–associated deaths from the Northeast to the West and South, where Hispanic persons account for a higher percentage of the population, this analysis found that ethnic disparities among decedents in the West and South increased during May–August, 2020, suggesting that the geographic shift alone does not entirely account for the increase in percentage of Hispanic decedents nationwide. Disparities in COVID-19 incidence and deaths among Hispanic persons and other underrepresented racial and ethnic groups are well documented (4–6) and might be related to increased risk for exposure to SARS-CoV-2, the virus that causes COVID-19.

Inequities in the social determinants of health can lead to increased risk for SARS-CoV-2 exposure among some racial and ethnic groups. For example, persons from underrepresented racial and ethnic groups might be more likely to live in multigenerational and multifamily households, reside in congregate living environments, hold jobs requiring in-person work (e.g., meatpacking, agriculture, service, and health care), have limited access to health care, or experience discrimination (5,6). Differences in the prevalence of underlying conditions (e.g., diabetes and obesity) among racial and ethnic groups might also be associated with increased susceptibility to COVID-19–associated complications and death (4).

The shift in COVID-19–associated deaths during May–August 2020 from the Northeast (where 17.1% of the U.S.

population resides) into the South and West (where 38.3% and 23.9% of the U.S. population resides, respectively)** is consistent with recent findings documenting the emergence of COVID-19 hotspots†† in these regions during June–July 2020 (7). The decreasing percentage of deaths occurring among persons aged ≥65 years and persons in nursing homes, which were important sites of COVID-19–associated deaths early in the pandemic, suggests a continued shift toward noninstitutionalized and younger populations. The observed geographic shifts in COVID-19–associated deaths might be related to differential implementation of community mitigation efforts throughout the nation, including earlier reopening efforts in selected jurisdictions. To prevent the spread of COVID-19, CDC continues to recommend the use of masks, frequent handwashing, and maintenance of social distancing, including avoidance of large gatherings (8).

The findings in this report are subject to at least two limitations. First, NVSS provisional death data are continually updated and subject to delays. Therefore, this report likely underestimates the number of deaths that occurred, particularly during August 2020, for which data are less complete than previous months. Furthermore, in focusing only on COVID-19–associated deaths captured by NVSS, this report did not address long-term morbidity faced by some persons who survive COVID-19 infections, nor does it account for deaths and morbidity related to the indirect effects of interrupted health care and socioeconomic disruption caused by the pandemic (9). For example, one report indicated that by June 30, 2020, an estimated 41% of U.S. adults had delayed or avoided medical care because of concerns about the pandemic, including 12% who reported having avoided urgent or emergency care (10).

Despite these limitations, this report provides information on how demographic and geographic factors have changed among COVID-19–associated deaths during May–August 2020. Racial and ethnic disparities among COVID-19 decedents have persisted over the course of the pandemic and continue to increase among Hispanic persons. These results can inform public health messaging and mitigation efforts focused on prevention and early detection of infection among disproportionately affected groups so as to minimize subsequent mortality.

** https://www.census.gov/popclock/print.php?component=growth&image=//www.census.gov/popclock/share/images/growth_1561939200.png.

†† Counties defined as hotspot counties met all four of the following criteria, relative to the date assessed: 1) >100 new COVID-19 cases in the most recent 7 days, 2) an increase in the most recent 7-day COVID-19 incidence over the preceding 7-day incidence, 3) a decrease of <60% or an increase in the most recent 3-day COVID-19 incidence over the preceding 3-day incidence, and 4) the ratio of 7-day incidence/30-day incidence exceeds 0.31. In addition, hotspots must have met at least one of the following criteria: 1) >60% change in the most recent 3-day COVID-19 incidence or 2) >60% change in the most recent 7-day incidence.

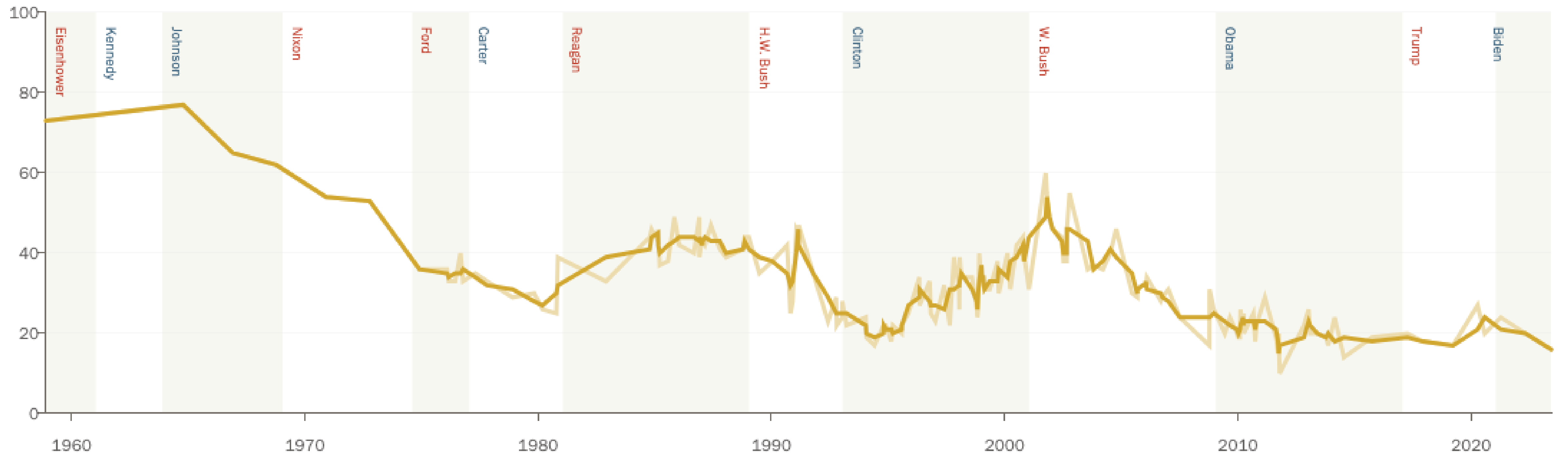
Higher Covid death rates among Hispanic people could be due to dense households, less healthcare and in-person work.

CDC recommends masks, hand-washing and social distancing

Public trust in government near historic lows

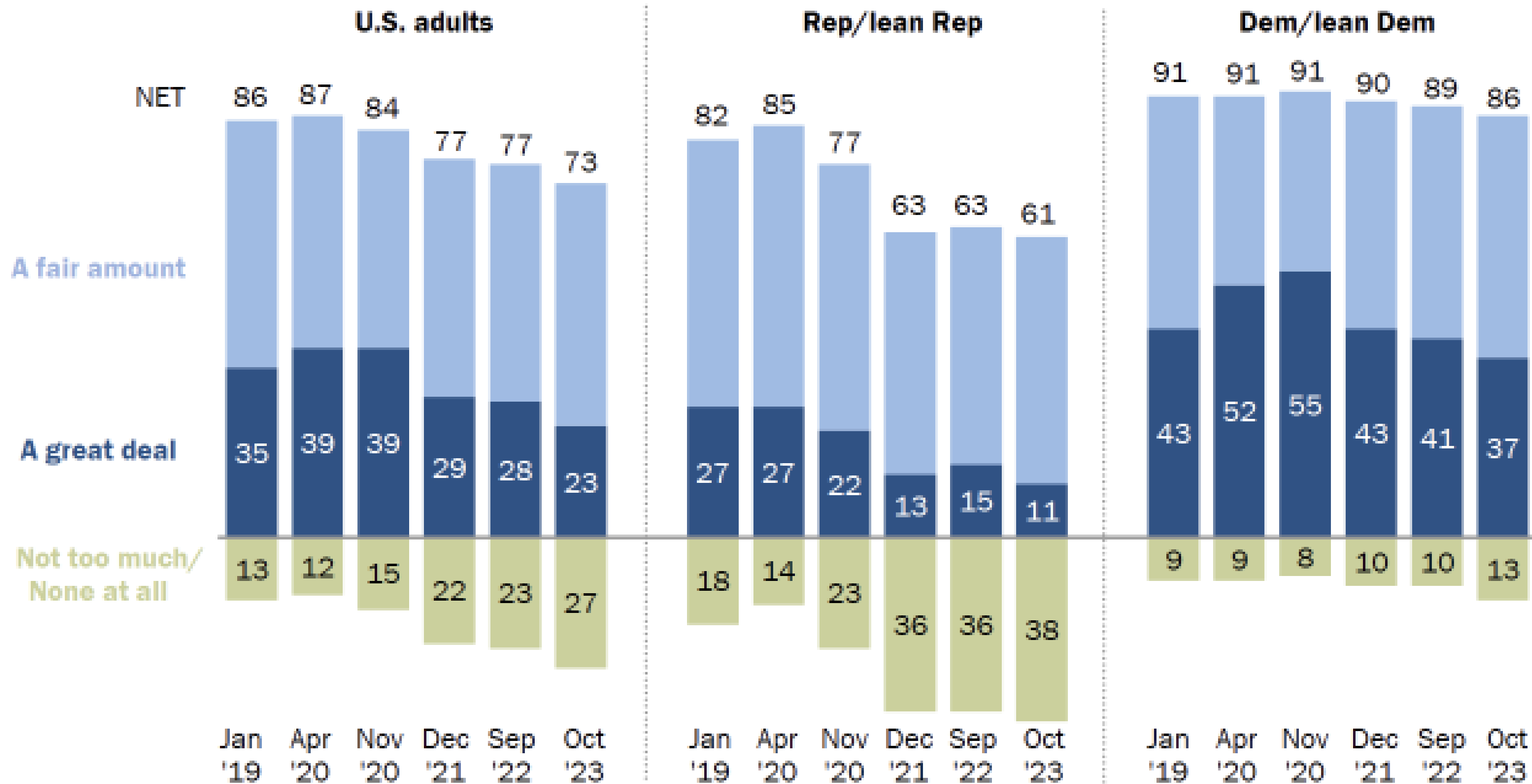
% who say they trust the government to do what is right just about always/most of the time

● Moving average ● Individual polls



Declining levels of public trust in scientists

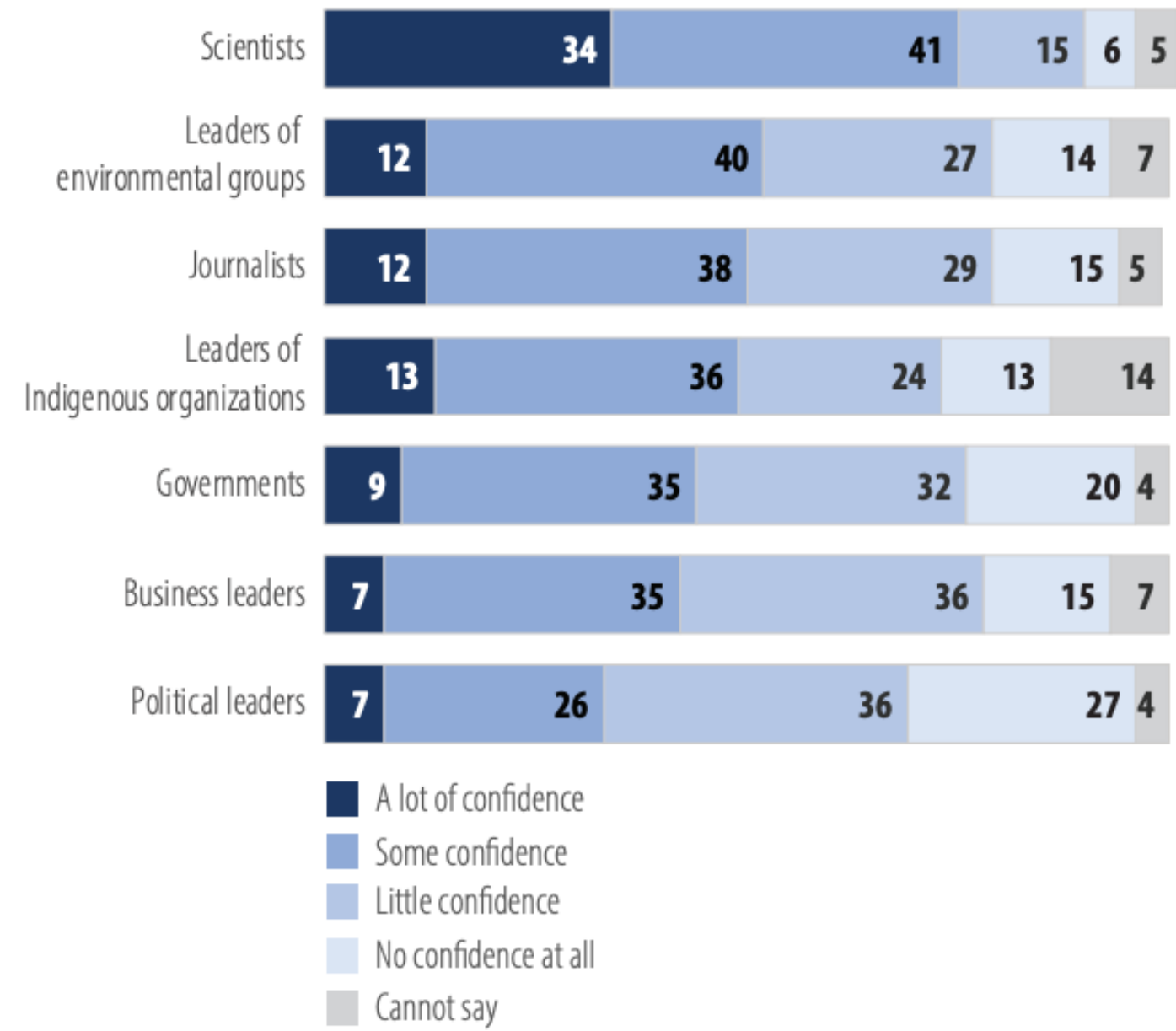
% of U.S. adults who have ___ of confidence in *scientists* to act in the best interests of the public



Note: Respondents who did not give an answer are not shown.
 Source: Survey of U.S. adults conducted Sept. 25-Oct 1, 2023.
 "Americans' Trust in Scientists, Positive Views of Science Continue to Decline"

Confidence in leaders

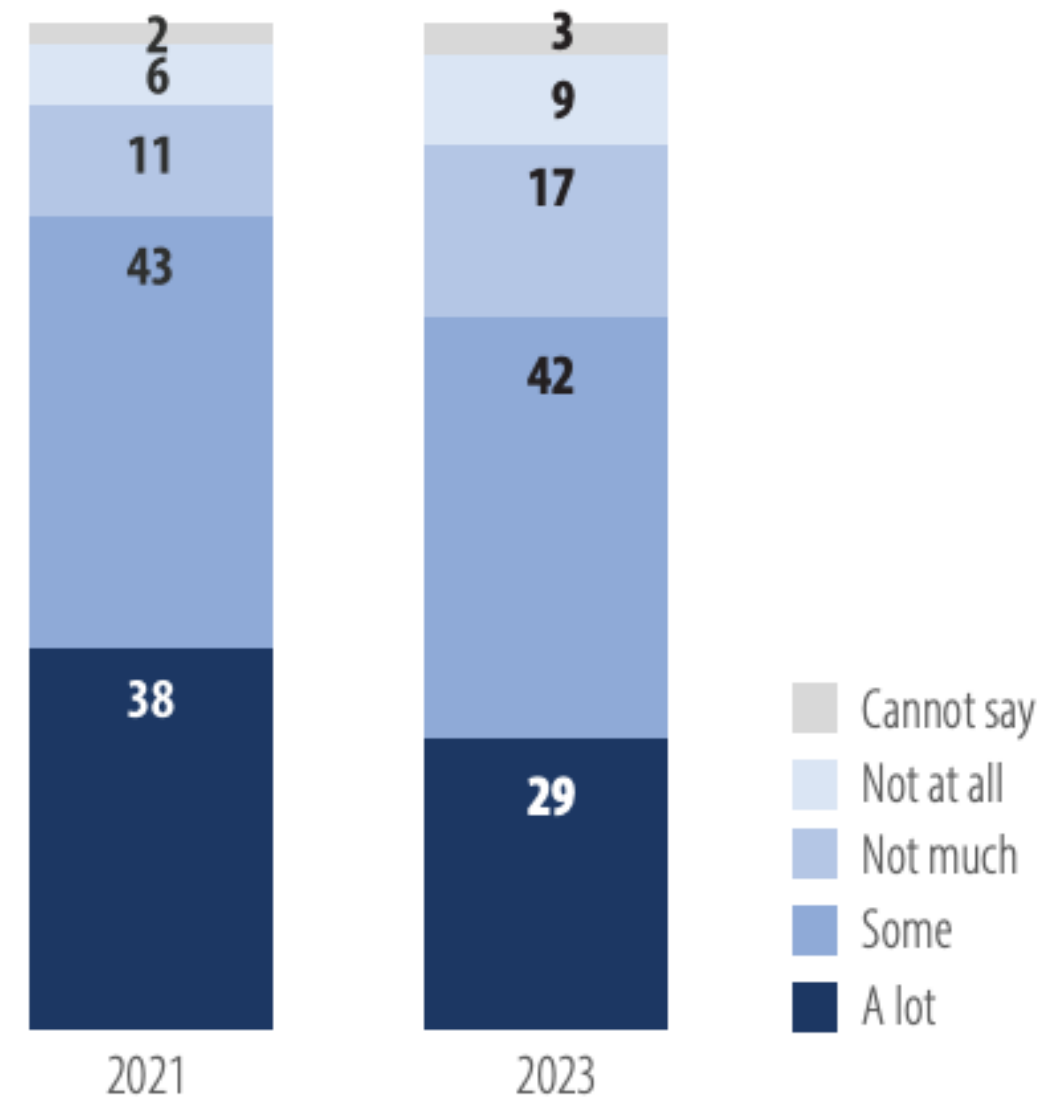
2023



Q.CONF1
 In general, in Canada today, would you say you have a lot of confidence, some confidence, little confidence or no confidence at all in each of the following?

Confidence in government medical advice

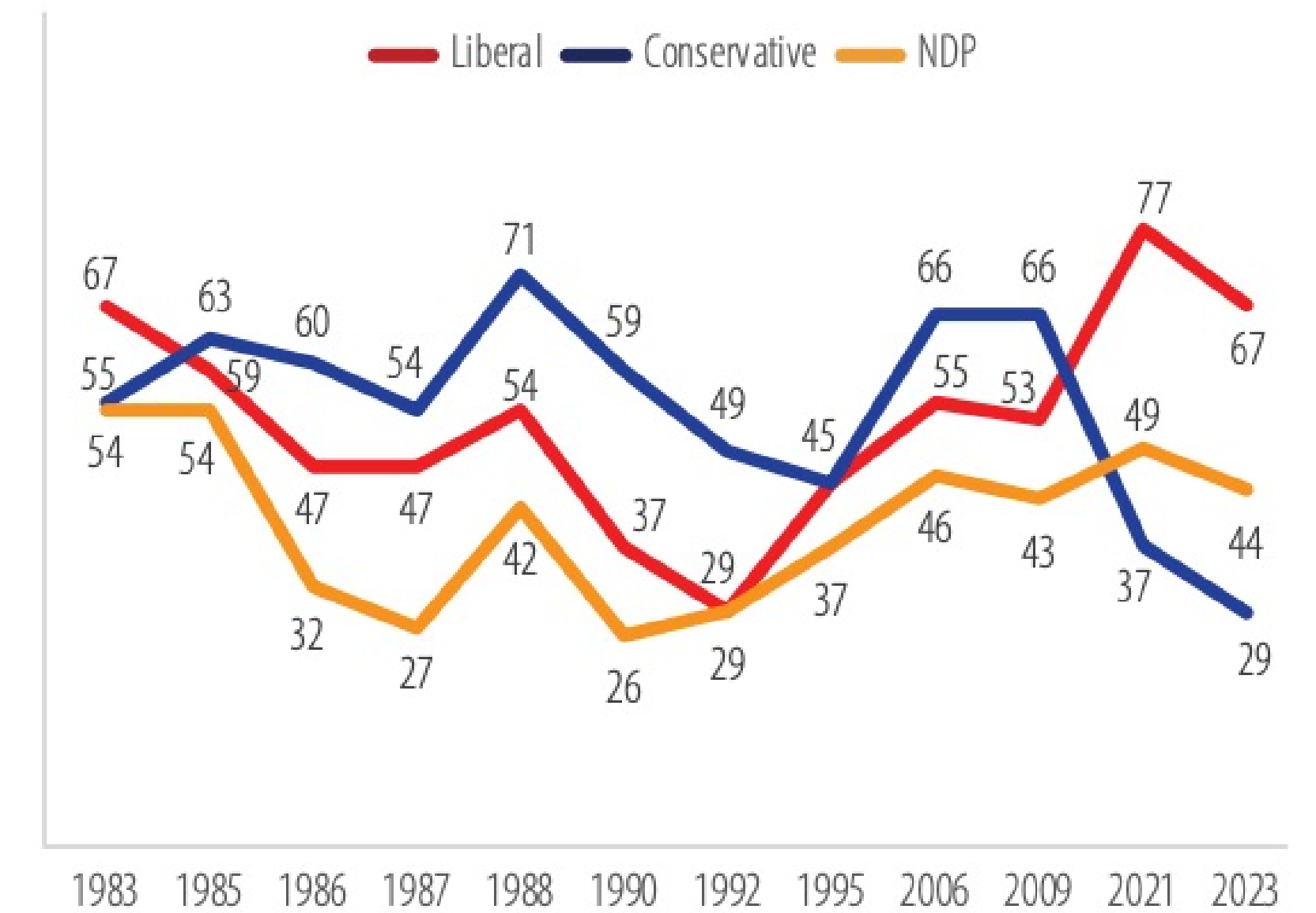
2021 - 2023



Q.CONF2
 In general, how much do you trust medical and health advice that the Government of Canada gives?

Confidence in governments

1983 – 2023 By federal party support



Q.CONF1B
 In general, in Canada today, would you say you have a lot of confidence, some confidence, little confidence or no confidence at all in each of the following?

Source for 1983-2009: Environics Focus Canada (in-person or telephone).

“Even if people weren’t anti-vaccine to start with, they move that way when the argument fits,” said Dorit Reiss

How Fringe Anti-Science Views Infiltrated Mainstream Politics — And What It Means in 2024

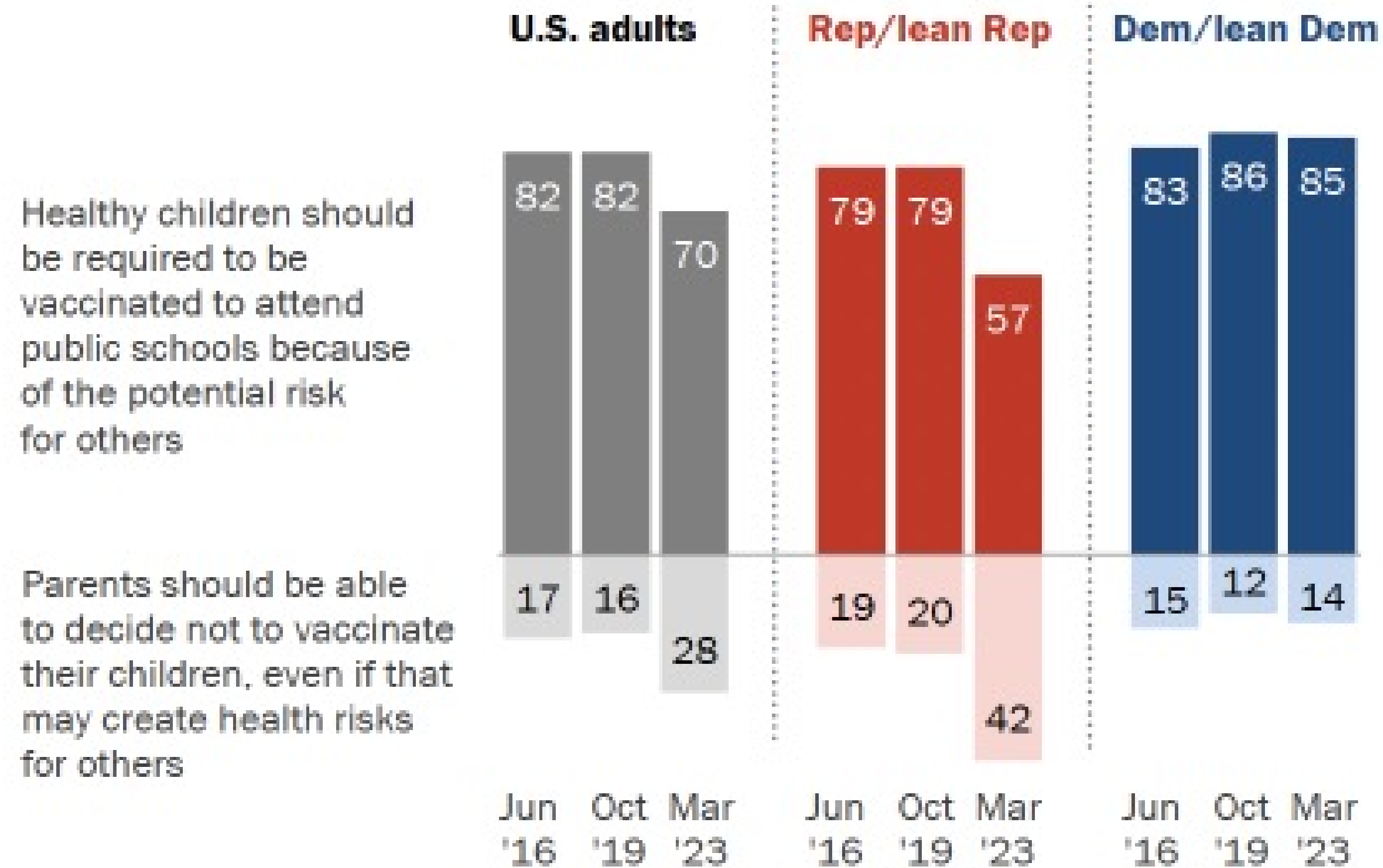
By [Amy Maxmen](#)

JANUARY 29, 2024

 [REPUBLISH THIS STORY](#)

Decline in share of Republicans who support vaccine requirement for children to attend public schools

% of U.S. adults who say the following about childhood vaccines for measles, mumps and rubella (MMR)



Note: Respondents who did not give an answer are not shown.

Source: Survey conducted March 13-19, 2023.

"Americans' Largely Positive Views of Childhood Vaccines Hold Steady"

How do we handle misinformation?

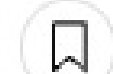
- Fact check / Debunking
- Clearer communication around uncertainty or complication
- Conversations with questions; where is someone coming from
- Scientific consensus projects
- Trusted messengers, community-based organizations
- Speaking with lawmakers
- Pointing out bad actors and Naming the underlying ideology



OPINION

Brazil's Favelas Offer Lessons in Building Trust

 Share full article



 29

By Amy Maxmen

Dr. Maxmen is a science journalist and a press fellow at the Council on Foreign Relations.

April 9, 2023

Part 2: The pushback.

So many forms of harassment!

- **Cross-platform harassment:** Coordinated across multiple social media and communications platforms, taking advantage of the fact that most platforms only moderate content on their own sites.
- **Dogpiling:** When a large group of abusers collectively attacks a target through a barrage of threats, slurs, insults, and other abusive tactics.
- **Doxing:** The publishing of sensitive personal information online—including home address, email, phone number, sensitive photos, etc.—to harass, intimidate, extort, stalk, or steal the identity of a target. Short for “dropping docs.”

Responding to abuse

- Pause before you respond. If you're very heated, best to wait because a response may escalate the abuse. Consider the goal of your response (fact-check? Save your reputation?); what is the likelihood of achieving the goal? What is the potential of it triggering more harassment?
- Discuss with colleagues. eg What do they think of how you'd like to respond? Can they respond, or report the harassment?
- Can you request a correction?
- Should the law should be involved?
- Post your story but include a big-picture theme so that it has broader appeal.

The Defense

1. Social Media considerations
 - Don't 'friend' people you don't know
 - Purge people you don't know or trust
 - Set accounts to private
2. Consider that anything you have said, which is either live online or posted online, can be used against you.
3. Block and mute. (If you need to know, set up an alternative account.)
4. Start a file. Save emails, videos, screenshot Twitter exchanges. Make sure to include yourself if you were a part of the dialog. Note date and time.

The Defense

Doxing prevention and response

- Don't put your approximate location online
- Google yourself to see if your address, personal email address, and phone number is online (try using terms with your name, like 'resume,' cities you've lived in, and filetype:pdf)
- To delete your address and phone number online, pay for a service like DeleteMe.
- Restrict location tracking.

The Defense

PASSWORDS: You'll wish you had good ones.

1. Get a reliable password manager (eg Keeper Security, 1password, LastPass, Keepass)
 - Protect it with a long, complicated, unique master password.
 - Let it generate unique, complex random passwords for everything
2. Set up 2-factor authentication/verification for social platforms
 - Have the code be sent as a text message; download a list of 'backup codes'
 - Have the code be sent through Google Authenticator or other such apps

PAUSE to avoid hacks

How to tell when someone is trying to break into your account:

- A message suggests that you URGENTLY resolve an issue with your account.
- Sender's email address is slightly off
- Asks you to click on unsolicited links or open unsolicited attachments



Self care

Most people who are harassed or abused online experience a loss of self-esteem and self-confidence, stress and anxiety.

Get offline. Change the scenery and be mindful of it, spend time with people you love, talk with a therapist, sleep, meditate.

Think of people who inspire you.

Thank you!

My stories in this presentation, several made possible by the Pulitzer Center

- Frontline health workers sidelined in the \$3.3bn fight against Ebola*, Newsweek 2015
- Behind the frontlines of the Ebola wars*, Nature 2019
- Inequality's deadly toll in the Covid pandemic*, Nature 2021
- How fringe anti-science views infiltrated mainstream politics*, KFF Health News 2024
- How the anti-vaccine movement pits parental rights against public health*, KFF Health News 2024
- Florida tells parents its fine to send unvaccinated kids to school*, KFF Health News 2024
- Brazil's favelas offer lessons in building trust*, New York Times Opinion 2023



Thank you!

Additional reading:

-*What the Fact?* By Seema Yasmin

-*The Deadly Rise of Anti-Science.* By Peter Hotez

-*Merchants of Doubt* (film). Inspired by the book, by Naomi Oreskes and Erik Conway

-*The Misinformation Age: How false beliefs spread.* By Cailin O'Conner and James Owen Weatherall

-*Cheap Speech: How Disinformation Poisons Our Politics – and How to Cure It.* By Richard Hasen

-PEN America's Online Harassment Field Manual

