

# SHOT OF TRUTH: COMMUNICATING TRUSTED VACCINE INFORMATION

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## HEARING

BEFORE THE

SUBCOMMITTEE ON COMMUNICATIONS, MEDIA,  
AND BROADBAND

OF THE

COMMITTEE ON COMMERCE,  
SCIENCE, AND TRANSPORTATION  
UNITED STATES SENATE

ONE HUNDRED SEVENTEENTH CONGRESS

FIRST SESSION

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APRIL 15, 2021

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SENATE COMMITTEE ON COMMERCE, SCIENCE, AND TRANSPORTATION

ONE HUNDRED SEVENTEENTH CONGRESS

FIRST SESSION

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## **SHOT OF TRUTH: COMMUNICATING TRUSTED VACCINE INFORMATION**

**THURSDAY, APRIL 15, 2021**

U.S. SENATE,  
SUBCOMMITTEE ON COMMUNICATIONS, MEDIA, AND  
BROADBAND,  
COMMITTEE ON COMMERCE, SCIENCE, AND TRANSPORTATION,  
*Washington, DC.*

The Committee met, pursuant to notice, at 10:27 a.m., in room SR-253, Russell Senate Office Building, Hon. Ben Ray Luján, Chairman of the Subcommittee, presiding.

Present: Senators Luján [presiding], Cantwell, Klobuchar, Blumenthal, Schatz, Peters, Tester, Sinema, Rosen, Warnock, Thune, Cruz, Fischer, Blackburn, Young, and Scott.

### **OPENING STATEMENT OF HON. BEN RAY LUJÁN, U.S. SENATOR FROM NEW MEXICO**

Senator LUJÁN. Come to order. Let me start by welcoming you to today's hearing, Shot of Truth: Communicating Trusted Vaccine Information.

I first want to thank Ranking Member Thune for working with me to develop this hearing and reach a consensus panel. John and I look forward to partnering with you this Congress to deliver results for the American people and the State of New Mexico. And thank you, Chair Cantwell, Ranking Member Wicker for your leadership.

We have a distinguished group of witnesses today to help us examine the ways in which the media is disseminating vaccine safety and COVID health-related information. They are experts in public health broadcast communication. Each brings a critical piece of the puzzle for solving this crisis. I welcome you and thank you for your expertise.

This subcommittee has an important responsibility to look at our national communications strategy, to encourage all Americans to get vaccinated. This morning, we will also explore what more can be done to encourage media outlets, including television, radio, and online platforms to promote reliable, trustworthy, and evidence-based vaccine information.

For the last year, our Nation has faced a once in a lifetime challenge. As President Biden has said, "we remain on a war footing." Dedicated researchers spent tireless months developing safe and effective vaccines in a record time. Now, with safe and effective vaccines increasingly available, the Nation must work to get vaccination rates up to defeat this pandemic. Communicating reliable,

trustworthy, and evidence-based vaccine information is the final step to getting our lives back.

I am particularly proud of the efforts by Governor Luján Grisham of New Mexico, Secretary Collins at the New Mexico Department of Health. New Mexico has been a national frontrunner in efficient vaccine distribution, and I am deeply grateful for their efforts and the lives they have saved.

Tuesday's decision, by the CDC and FDA, regarding the Johnson & Johnson vaccine underscores the importance of communicating trusted vaccine information. State and Federal partners are working now to get anyone scheduled for a Johnson & Johnson vaccine quickly rescheduled for a Pfizer or Moderna vaccine. This recent announcement should not cause worry. But make it clear that the FDA and the Federal Government is taking every step necessary to ensure that the American people have clear and transparent information about the safety and effectiveness of these vaccines. That is what this hearing is all about.

Unfortunately, in too many places, we are struggling to provide trusted, evidence-based information, creating a void. Misinformation and disinformation rushes to fill this gap. A lie can travel half-way around the world, while the truth is putting on its shoes. We have heard that before. Folks worry. They hear confusing and conflicting messages on the internet, the radio, cable television. Even today, a U.S. Census survey found that over three million Americans were not sure if they would receive the vaccine, due to fears of how much it would cost. They are worried about the cost of a free vaccine. Let me be clear. The vaccine is provided at no cost. It is free. We must do better.

A clear and consistent message will save lives. Realizing this, Congress appropriated \$15 million to educate the public about the COVID-19 vaccine in the December Consolidated Appropriations Act. Since then, we have seen hesitancy rates fall dramatically. But we knew it would not be enough. Reaching every single American who can safely get a vaccine is critical to defeating this virus. That is why the American Rescue Plan increased funding for the program by \$1 billion. This was a historic investment in public health communication. It will help us rebuild a framework for all future health crises. We have also seen State health departments rise to the occasion, through vaccine equity programs and trusted community partners.

Before we start, I want to make one thing crystal clear. Most Americans want to get vaccinated, across all ages and races, no matter where they live. But first, we must stop the spread of this deadly virus. The only way to win this fight is by getting every American the information they need, from sources they trust, so they can make the right decision for their health and the health of their community.

Vaccines save lives and I urge all Americans to continue their plans to get vaccinated as soon as possible. Today, our witnesses will help ensure the national vaccine rollout is paired with an effective communication campaign. They will share their insight on how to achieve an effective and consistent message across all forms of media. I thank them all for the vital role they will play in shaping this discussion.

And now, I will turn this over to Senator Thune for his opening statement.

**STATEMENT OF HON. JOHN THUNE,  
U.S. SENATOR FROM SOUTH DAKOTA**

Senator THUNE. Thank you, Chairman Luján, and let me begin by saying I am looking forward to working with you on this subcommittee. And this subcommittee has a long history of bipartisan cooperation when confronting a number of issues, like rural broadband, spectrum availability, and illegal robocalls. And I am optimistic that we will be able to continue that bipartisan collaboration on matters within this subcommittee's purview.

Today, we are here to discuss ensuring reliable information relating to the coronavirus pandemic is reaching Americans. Since the beginning of the pandemic, the communications landscape has played a critical role in disseminating health-related information to the public. As more and more Americans have access to the vaccine, it remains important that they have the ability to easily access reliable information on the vaccines and other COVID health-related information.

This is certainly true this week, as the Federal Government encouraged a pause on the use of the Johnson & Johnson vaccine. It is imperative the FDA, CDC, and J&J communicate next steps to healthcare providers and the public, in an understandable and transparent way, to assure them of the vaccine's safety, as more information becomes available. With more trusted experts examining vaccines, I am confident they will ensure vaccines are safe and effective, so that we can maintain our momentum in vaccine distribution.

Since COVID vaccines became available, I have encouraged folks to get vaccinated. But more important than hearing from me is hearing from healthcare providers and trusted community leaders. Which is why, last Congress, I supported legislative efforts to fund a science-driven, public advocacy campaign to help build confidence in vaccines. Each family and individual must take the time to talk to the experts, get the facts, and make an informed decision for themselves and their families. But while I am optimistic that we are nearing the end of the pandemic, there is certainly more work to be done to get past this pandemic.

But it is more important to know where we are today compared to a year ago. Today, more than 37 percent of the country has received at least one dose of the vaccine and nearly a quarter of the population has been fully vaccinated. And importantly, nearly 80 percent of those most at risk for the coronavirus have received one dose of the vaccine, with more than 60 percent being fully vaccinated.

I have also had the opportunity to visit multiple vaccine sites across my home state of South Dakota the last few weeks. And I am pleased with the work South Dakota and our healthcare providers have done to inform the public and to get fully vaccinated. I should say, and to get folks vaccinated. At this time, more than 36 percent of South Dakotans are fully vaccinated, and more than 50 percent of the population has received their first shot. As of

April 1st, South Dakota has opened up vaccines for anyone who would like to receive it.

Those are pretty amazing statistics, when you consider that more than a year ago, we did not even know about this virus. And it is a tribute to the innovative power of the private sector, the efforts of Congress, and the Trump Administration to expedite vaccine development.

As vaccine availability has expanded in recent weeks, so have efforts to raise public awareness about the vaccine. Recently, the Biden-Harris Administration launched a new campaign to promote vaccines by working with specific community-based organizations. I hope the recent comments made by the White House about reaching certain communities through public service announcements on select programming, such as deep-sea fishing, or country music outlets is not the only piece of this equation.

Looking at what we can do—or I should say, looking at the We Can Do This campaign's vaccine hesitancy data, rural or western states are among some of the areas with the highest projected hesitancy. This is where the trusted local connections is going to be the key, and why I am interested today, to hear from our witnesses about the steps that have been taken to ensure rural areas are receiving information about the pandemic, and through what means of communication.

Radio and television broadcasters have played a large role in providing information to rural and communities of color. Out of the bipartisan year end coronavirus relief package, the Department of Health and Human Services was allocated funding to support educational activities around vaccine distribution. Several entities represented on today's panel, like radio and television broadcasters, are eligible for that funding. It is important that funding be distributed efficiently and effectively.

I appreciate all the witnesses being with us here today. And before I close, I would like to congratulate Senator Smith on his recent announcement, stepping down as President and CEO of the National Association of Broadcasters. And I want to extend my thanks to him for his friendship through the years. He was a valued and treasured colleague here, as United States Senator. And although we hated to lose him in the Senate, his role has been extraordinarily important as the head of National Association of Broadcasters. He has been a loud, clear voice, advocate for local broadcasters around this country and been an extraordinary leader for that fine organization. And so, Gordon, we will miss you, but we are grateful—grateful for your friendship and your many contributions to making this country stronger and better. So—

Mr. Chairman, I yield back my time. I guess I am out of time.

Senator LUJÁN. Thank you, Senator Thune. And I certainly agree with the sentiment with Senator Smith. Everyone that has met him is a friend of his, as you know, John. And it is going to be something to see him in whatever that new role is that he plays.

But I appreciate what Senator Thune just laid out. As two western state Senators—rural states, we share those same concerns, making sure that our constituents are hearing, as well.

So, with that being said, we are going to go to our first witness, which is Tracie Collins. Dr. Tracie Collins, who is the Secretary of



the New Mexico Department of Health, Association of State and Territorial Health Officials, out of Santa Fe, New Mexico. Dr. Collins, the floor is yours. You are recognized for 5 minutes for your opening statement.

**STATEMENT OF TRACIE COLLINS, M.D., M.P.H.,  
SECRETARY, NEW MEXICO DEPARTMENT OF HEALTH;  
AND MEMBER, ASSOCIATION OF STATE  
AND MEMBER, AND TERRITORIAL HEALTH OFFICIALS**

Dr. COLLINS. Thank you, good morning. Chairman Luján, Ranking Member Thune, and distinguished members of the Subcommittee, I am pleased to testify before you today to discuss New Mexico's efforts to disseminate accurate, timely information about vaccine safety to rural areas and communities of color, and to encourage more Americans to get vaccinated.

In New Mexico currently, more than 55 percent of the population has received at least one shot, and approximately 36 percent are fully vaccinated. Thanks to our state's vaccine equity plan, this includes high proportions of minority and socially vulnerable communities.

Since the pandemic began, the Governor and other State leaders held weekly or biweekly press conferences about the coronavirus, and now the vaccine. These are widely covered by our State Press Corps and disseminated through Facebook Live. We have also expanded our Department of Health communications operation. Thanks to Federal funding, we have hired two additional communications specialists, one focused specifically on outreach to communities of color. In addition, we have benefited from FEMA support in establishing a multi-agency Incident Command Structure, including a Joint Information Center, or JIC, comprising public information officers, emergency management personnel, hotline staff, and other key communicators. The JIC is subdivided into eight teams, including an Outreach Team that keeps close tabs on rumors, misinformation, and other vaccine communications challenges from constituencies and communities across New Mexico, and a Product Team that designs communications materials to meet those challenges.

But many of our best communications efforts do not involve State employees. Instead, they involve the voices of New Mexicans from across the State. Our Trusted Voices campaign, for example, is a series of YouTube videos featuring more than 50, and counting, New Mexicans from every walk of life, ethnic and racial background, and professional affiliation. We understand that persuasion is built on trust, and trust is often founded on shared roots and experiences. These videos, available in multiple languages, allow New Mexicans to address one another about their experiences with the vaccine, to speak their minds, and share from the heart. The videos have received thousands of views and more volunteers each week.

Of course, trust requires more than one-way communication. Often, dialogue is key. And dialogue tends to work best in respectful, non-judgmental, open-ended settings. To that end, we have leaned heavily on virtual town hall events. Our communications director has co-led five of these events so far, each with a co-host chosen for both their medical expertise and their credibility within a

geographic area or racial or ethnic community. Future events will be aimed at younger cohorts, Native American communities, agricultural and rural communities, and the LGBTQ community, among others.

Our Office of Health Equity has also held culturally and linguistically appropriate town halls with trusted messengers from the Black and African-American communities, the mono-lingual Spanish-speaking Latinx community, Spanish-speaking health care providers in the border region, the Vietnamese community, and the disability community. Each of these events provides community members a chance to ask questions, voice concerns, and hear from scientific experts about what we know, what we do not know, and what we are still learning about COVID-19 and the vaccines. These events have proven especially valuable at building vaccine confidence. In fact, we regularly see a spike in vaccine registrations following these town halls, which is important to our ongoing health equity efforts.

I have mentioned language several times but allow me to linger there a moment longer. Reaching people, especially in a diverse state like New Mexico, means speaking to people in their languages and at the appropriate level of health literacy. We are extremely grateful to Congress for approving the American Rescue Plan, which appropriated billions of dollars to strengthen vaccine confidence and improve rates of vaccination, goals we strive to reach every day.

Of course, all of this is just a summary. I have much more to say, for example, about how our vaccine operations and planning teams integrate racial, ethnic, and geographic considerations into their work, as well as how we communicate our policy plans and integrate feedback from New Mexicans. But I will save some of these details for our conversation. Again, I thank you for the invitation, and I look forward to your questions.

[The prepared statement of Dr. Collins follows:]

PREPARED STATEMENT OF TRACIE COLLINS, MD, MPH,  
NEW MEXICO DEPARTMENT OF HEALTH

Chairman Luján, Ranking Member Thune, and distinguished members of the subcommittee, I am pleased to testify before you today to discuss New Mexico's efforts to disseminate accurate, timely information about vaccine safety to rural areas and communities of color, and to encourage more Americans to get vaccinated.

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In addition, we've benefited from FEMA support in establishing a multi-agency Incident Command Structure, including a Joint Information Center (JIC) comprising public information officers, emergency management personnel, hotline staff, and other key communicators. The JIC is subdivided into eight teams, including an Outreach Team that keeps close tabs on rumors, misinformation, and other vaccine communications challenges from constituencies and communities across New Mexico—and a Product Team that designs communications materials to meet those challenges.

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We understand that persuasion is built on trust, and trust is often founded on shared roots and experiences. These videos—available in multiple languages—allow New Mexicans to address one another about their experiences with the vaccine: to speak their minds and share from the heart. The videos have received thousands of views—and more volunteers each week.

Of course, trust requires more than one-way communication. Often, dialogue is key—and dialogue tends to work best in respectful, non-judgmental, open-ended settings.

To that end, we have leaned heavily on virtual town hall events.

Our communications director has co-led five of these events so far, each with a co-host chosen for both their medical expertise and their credibility within a geographic area or racial or ethnic community. Future events will be aimed at younger cohorts, Native American communities, agricultural and rural communities, and the LGBTQ community, among others.

Our Office of Health Equity has also held—or is planning—culturally and linguistically appropriate town halls with trusted messengers from the Black and African-American communities, the mono-lingual Spanish-speaking Latinx community, Spanish-speaking health care providers in the border region, the Vietnamese community, and the disability community.

Each of these events provides community members a chance to ask questions, voice concerns, and hear from scientific experts about what we know, what we don't know, and what we're still learning about COVID-19 and the vaccines.

These events have proven especially valuable at building vaccine confidence. In fact, we regularly see a spike in vaccine registrations following these town halls—which is important to our ongoing health equity efforts.

I've mentioned language several times, but allow me to linger there a moment longer. Reaching people—especially in a diverse state like New Mexico—doesn't mean just publishing an English-language press release and hoping for the best. It means speaking to people in *their* languages—and at the appropriate level of health literacy.

Our Office of Health Equity (OHE) translates all Covid-related material into Spanish, Vietnamese, Dine/Navajo and Arabic to reach border, frontier, colonias, immigrant, refugee and asylum-seeking community members, and has worked hard to calibrate health literacy levels appropriately across all communication materials. In addition to digital messaging, we send multilingual paper and poster notifications statewide for communities with low broadband connectivity. And DOH staff regularly appear on radio and television in both English and Spanish.

We are extremely grateful to Congress for approving the American Rescue Plan, which appropriated billions of dollars to strengthen vaccine confidence, improve rates of vaccination, and provide information on EUA-approved vaccinations—goals we strive to reach every day.

Of course, all of this is just a summary. I have much more to say, for example, about how our vaccine operations and planning teams integrate racial, ethnic, and geographic considerations into their work—as well as how we communicate our policy plans and integrate feedback from New Mexicans.

But I will save some of these details for our conversation. Again, I thank you for the invitation, and I look forward to your questions.

Senator LUJÁN. Thank you so much, Dr. Collins. Next, we will hear from the Honorable Gordon Smith, the former United States Senator, President and CEO, the National Association of Broadcasters. Senator Smith, the floor is yours.

#### **STATEMENT OF HON. GORDON H. SMITH, PRESIDENT AND CEO, NATIONAL ASSOCIATION OF BROADCASTERS**

Mr. SMITH. Good morning, Chairman Luján, Senator Thune. May I just go off script a minute and thank you both for your courtesy to have me back in this room. It holds so many fond memories, and memories of colleagues of yesterday and both of you, friends every day. Thank you.

My name is Gordon Smith. I am the President and CEO of the National Association of Broadcasters. On behalf of free and local broadcast stations serving your hometowns, I appreciate this opportunity to testify before you today, about the unique and vital role that trusted, local broadcasters are playing to effectively deliver vaccine information to their communities and to your constituents.

In times of emergency, history is showing very clearly that Americans turn first to their local broadcasters for the most trusted information, reliable things that help keep them safe and to keep them informed. Broadcasters' guiding principle is to serve on the front lines of every crisis, staying on the air to provide critical information even at times at the risk of their own lives.

Just over a year ago, all of our lives were turned upside down by the COVID-19 pandemic. While the country shut down and many Americans worked from home, broadcasters began scrambling to set up makeshift studios and to modify camera and microphone equipment, so they could continue reporting breaking news and sharing vital information. Now, as hope abounds and vaccines roll out across the nation, broadcasters are again anxious to serve as your critical partners to government agencies and the public health and medical communities to make sure that people are armed with timely, accurate information about vaccines.

Last fall, NAB partnered with the Reynolds Journalism Institute on a nationwide research project to identify the most effective vaccine messaging possible. Our research yielded very encouraging news and found a public eager for the vaccine. However, our research also, and that of other studies, identified challenges to some demographics—African-Americans, Hispanics, conservative-leaning whites, and women age 18–34.

Our research showed that everyone simply wants the facts. News stories that make recommendations based on factual reporting. Fortunately, that is what broadcasters do best and endeavor to do always. To dig deep to provide accurate information to their communities, not spin, not rumors, and hopefully, never with political theater.

Our survey research also showed that local news to be the very most reliable and trustworthy information source. Interestingly, social media was ranked least reliable by the American people. Our data demonstrates and makes clear that the public values a trusted local source more than any other, especially the voices of local doctors, local nurses, local pharmacists. This research made it clear that a local and regional approach, therefore, would be far more effective than a one-size-fits-all national messaging campaign.

So, with the highest reach of all media platforms, into more than 90 percent of the American households, and also a service which we provide, which is ubiquitous and free to the public, broadcast radio and TV stations are the best managed carriers to reach vulnerable populations. Importantly, local stations serve communities of color, multilingual ethnic minorities, and rural areas of the country, where all of us come from, to make sure, in those places where vaccine hesitancy is highest, that they get the facts and can make their choice.

Acknowledging this vast and unique unparalleled reach, we appreciate the many senators, of this committee, also, who worked

this past year to support broadcasters, providing CARES relief and urging the Administration, past and present, to utilize local stations to educate Americans during the pandemic. We are gratified that the Department of Health and Human Services identified local broadcast stations as effective advertising partners. Additionally, NAB is proud to be a founding member of the Administration's recently announced Community Corps, whose mission is to galvanize trusted messengers in local communities to encourage people to get vaccinated.

Since the early days of the pandemic, broadcasters have donated unprecedented airtime to keeping the public informed and to address mistrust and concern, in the hundreds of millions of dollars of value. Local broadcasters have been a constant companion, shining light, spreading hope, and supporting communities, as Americans have experienced acute isolation from their families, their neighbors, and their loved ones.

As this pandemic has shown, once again, localism and journalism are essential to broadcasting's franchise. Therefore, we are eager to continue to work to assist you in Congress, the Administration, and local leaders by using our airwaves to carry the message America needs and the message that America trusts, to get over the finish line with this pandemic. Further, as Congress considers how best to direct Federal advertising dollars, we are confident that all broadcasters, especially those small and rural markets, like we all come from, can drive these messages home better than any other medium.

Thank you for this opportunity to testify today. I look forward to your questions.

[The prepared statement of Mr. Smith follows:]

PREPARED STATEMENT OF HON. GORDON H. SMITH, PRESIDENT AND CEO,  
NATIONAL ASSOCIATION OF BROADCASTERS

### **Introduction**

Good morning Chairman Luján, Ranking Member Thune and members of the subcommittee. My name is Gordon Smith and I am the president and CEO of the National Association of Broadcasters. I am honored today to testify on behalf of our 7,200 free, local television and radio station members and the broadcast networks that bring the most trusted news and information to our communities each and every day. This critical role has been especially vital to the public during the COVID-19 pandemic.

Survey after survey shows that in times of emergency, Americans turn to their local broadcasters first for the most trusted and reliable information to stay safe and informed. Unlike other communications mediums, broadcasters' guiding principle is to serve on the front lines of every crisis, staying on the air to provide critical information even when their own lives are in danger. This service is how we earn our broadcast licenses and fulfill a mission that no other medium can, and that has been especially vital during the past year.

Just over a year ago, all our lives were turned upside down by the COVID-19 pandemic. While the country shut down and many Americans worked from home, broadcasters scrambled to set up makeshift studios and modify camera and microphone equipment so they could continue reporting breaking news and sharing vital information with their communities while trying to stay safe.

Despite facing major economic and physical challenges created by the pandemic, local broadcasters stepped up to provide their communities with accurate and timely information on COVID-19 on every platform—on air, online and through social media. Broadcasters led educational efforts to help prevent the spread of the virus and provided resources and help to those impacted, donating hundreds of millions of dollars in free airtime to preventative education in the first six months alone of the pandemic.

In addition to providing local news and updates vital to their communities, broadcasters worked to raise awareness of mental health resources, supported and promoted local businesses and frontline workers and shared positive stories about people helping their neighbors in need.

Now, as hope abounds and vaccines roll out across the nation, broadcasters are once again leading the way in serving the public. Stations are serving as critical partners to government agencies and the public health and medical communities to arm listeners and viewers with timely, accurate information about vaccines. We are helping Americans protect themselves and others by getting inoculated, and helping our Nation reopen and return to normalcy—something we all desperately crave.

### **Identifying Effective Messaging and Messengers**

Broadcasters' vaccine education efforts have been comprehensive and fortified by in-depth research. In the fall of last year, NAB partnered with the Reynolds Journalism Institute on a nationwide research project<sup>1</sup> to identify effective vaccine education messaging that would best resonate with Americans. What we found helped guide our efforts to prepare our Nation's journalists for the critical mission of helping our country emerge from the pandemic.

Our research yielded encouraging news and found a public eager for the vaccine. In fact, six in 10 respondents wanted a shot as soon as it was available to them, with only 13 percent saying they would *not* get vaccinated. I'm pleased to report that the number of Americans who want to be vaccinated has continued to rise as more information has become available.

However, our research findings also helped us identify challenges to vaccine acceptance. Our data, in addition to research conducted by numerous groups, indicates greater hesitancy among certain demographics, such as African Americans, Hispanics, conservative-leaning Whites, and women aged 18–34. Identifying this early helped us to prepare our stations that reach these critical demographics and arm them with information to help them deliver effective messages specifically tailored to these audiences.

We found that the biggest motivating factor in getting a vaccine is the desire to get back to normal, as well as to protect vulnerable friends and family members. However, Americans want to know that the vaccines are safe and effective. Our research shows that they simply want the facts—news stories that make recommendations based on detailed reporting, not a personal perspective. Fortunately, that is what broadcasters do best—they dig deep to provide accurate information to their communities—not spin, rumors or political theater.

Our research also deemed local news the most reliable and trustworthy information source by our survey respondents. Social media was ranked least reliable by Americans. Our data demonstrates that the public values a trusted local source over personalities, politicians and pundits, and the most trusted voices are those of their local doctor, nurse or pharmacist.

This research made it clear from the outset that a local and regional approach would be more effective than a one-size-fits-all national message.

These research findings became the basis of NAB's vaccine education toolkit, [nab.org/vaccine](http://nab.org/vaccine), that was produced as a comprehensive resource for our member stations and other local journalists. This online resource provides messaging guidance, access to local and national healthcare experts and public service tools to help stations craft news stories and campaigns that best resonate with their listeners and viewers.

The vaccine education toolkit also includes resources and research provided by many well-respected partners, such as the U.S. Department of Health and Human Services, the Kaiser Family Foundation, Asian Americans Advancing Justice, the Hispanic Federation, National Urban League, Trust for America's Health and countless others.

These partnerships are critical to our work in reaching vulnerable populations with information that is accurate and impactful. Most recently, we added the great work of the Ad Council to our toolkit and encouraged our radio and television station members to utilize the "It's Up to You" campaign resources, which encourage the public to get the latest vaccine information, understanding that personal education is the first step in building vaccine confidence.

### **Partners in Public Education**

Armed with the research and messaging to best educate the public, and routinely cited by Americans as the most trusted news source, broadcasters are uniquely positioned to effectively deliver vaccine information to their communities.

<sup>1</sup> Research survey conducted by SmithGeiger of 3,046 adults aged 18–64, December 4–11, 2020

With the highest reach of all media platforms into more than 90 percent of households, and a service that is ubiquitous and free to the public, broadcast radio and TV stations are clearly the best message carriers to reach vulnerable populations. Local stations serve communities of color, multilingual ethnic minorities and rural areas of the country where vaccine hesitancy is highest.

In fact, African American, Hispanic and Latino, Asian American, Native Hawaiian and Pacific Islander communities rely on free and local TV and radio broadcast stations more than the general U.S. population. According to Nielsen, the number of broadcast-only households in the United States continues to rise, increasing nearly 14 percent from 2019 to 2020. More than one-third of minority households in the country rely on a television antenna to get free, over the air TV. At least 40 percent of African American households and 44 percent of Hispanic households in the U.S. own a TV antenna.<sup>2</sup>

Acknowledging this vast, unique and unparalleled reach, we appreciate the many senators and members of Congress that have worked over the past year to support broadcasters, providing robust relief and funding, and urging the administration to utilize local stations to educate Americans during the pandemic. We are gratified that the U.S. Department of Health and Human Services (HHS) has identified local broadcast stations as effective advertising partners and conduits to share clear, reliable information with those demographics and regions that need it the most through their vaccine education advertising campaign. We look forward to continuing to work closely with HHS on these efforts to reach those most at risk.

Additionally, NAB is proud to be a founding member of the Administration's recently announced Community Corps, whose mission is to galvanize trusted messengers in local communities to encourage people to get vaccinated. The program, spearheaded by HHS and the Centers for Disease Control and Prevention, is working with broadcasters to deliver messages to the public in the fight against COVID-19 and share the importance of vaccinations in every community.

We also look forward to the role broadcasters can play in the Administration's forthcoming "You Can Do It," campaign to encourage Americans—particularly those in rural communities, young adults, African Americans and Hispanics, to get vaccinated. Broadcasters are particularly well situated to boost vaccine confidence among these populations and help them make the critical decision to be vaccinated.

Finally, NAB is active in several private sector campaigns to supplement our work with the Federal government. We are supporting the Greater Than COVID initiative called "The Conversation: Between Us. About Us." This campaign includes prominent Black doctors, nurses and researchers dispelling misinformation and providing accessible facts about COVID-19 vaccines for the Black community. NAB is also a member of the COVID Collaborative, a national assembly of experts and organizations working on unified action against the COVID-19 pandemic. I am honored to serve on its National Advisory Council in their efforts to ensure that we reach vulnerable communities to defeat the virus both equitably and effectively.

### **Broadcasters in Action**

Since the early days of the pandemic, broadcasters have donated unprecedented airtime to keeping their listeners and viewers safe and informed—from airing public service announcements to hosting fundraisers for the community to giving free promotion to small businesses. Stations continue to host townhall meetings with medical experts and post easy-to-access information on their websites, providing a platform for the public to get answers to their vaccine questions. Not only are broadcasters working to educate the public, they are focused on addressing the mistrust that exists and acknowledge the concern among vulnerable communities.

For example, last month Gray Television's WSFA in Alabama hosted a live townhall titled, "Fear, Facts, Future: The COVID-19 Vaccine Explained," to discuss concerns and misconceptions about the COVID-19 vaccine in the Black community. The station teamed up with health experts and community leaders to answer questions and address skepticism. The panel discussion took place in Tuskegee, the site of a 1932 medical study where the government examined the effect of syphilis on Black men. This location was chosen specifically to acknowledge that the community has a reason for mistrust, but also to allow medical experts from the Black community to explain how those issues are being addressed with solid, reliable information.

Univision Communications launched a national bilingual vaccine hotline as part of its Unidos Por Los Nuestros (United For Each Other) COVID-19 campaign, which the public can call to access accurate information about the vaccine and receive personalized assistance on how to sign up for the vaccine. They also provide an online vaccine finder and are hosting a statewide forum in California featuring

<sup>2</sup>Horowitz Research, "State of OTA", October 2020

Sen. Alex Padilla and Rep. Tony Cardenas to help address some of the issues surrounding vaccine disparities.

In addition to covering COVID-related educational topics on 850 local radio stations with an array of health experts, government leaders and nonprofit organizations, iHeartMedia recently launched the “COVID-19 Immunity in Our Community” podcast series, produced in partnership with HHS to share timely and accurate information about vaccines. Designed to separate fact from fiction, “COVID-19 Immunity in Our Community” will arm listeners with the tools they need to make educated decisions about getting vaccinated. The show is hosted by ABC News’ Robin Roberts and features experts such as Dr. Anthony Fauci and other respected voices from the medical and scientific communities. The new podcast will also draw perspectives from Americans across different communities, who will share their unique and personal experience with vaccination.

Tegna’s WXIA Atlanta took an innovative approach to addressing concerns and mistrust over COVID-19 vaccines by handing over the microphone and camera to a skeptical area mom, allowing her to interview the experts and get her questions answered. This novel and transparent approach gave the audience a voice in a minority community with high levels of hesitancy. The interviews aired during the morning and evening newscasts, as well as during a special half-hour news report.

Hearst Television’s KOAT Action 7 news in Albuquerque is educating viewers about how to sign up for vaccine appointments online or by phone, informing them about who is eligible to receive a shot and answering important questions and dispelling myths about vaccine safety. They are also providing localized information about how many in the state are already vaccinated and how that compares with the rest of the country.

Celebrities such as Whoopi Goldberg on ABC’s *The View* and trusted local anchors such as Tom Wills, a veteran reporter for Graham Media’s WJXT in Jacksonville, Florida, are sharing their vaccination stories with viewers and encouraging viewers to get inoculated.

Audacy’s KCBS Radio in San Francisco recently tackled questions about vaccine efficacy during its “Ask an Expert” segment, responding to listener concerns about the differences between the types of vaccines available.

Fox-owned Q13 News in Seattle is putting experts on the air, including Dr. Scott Lindquist, Washington State’s epidemiologist, to talk about travel restrictions as vaccinations continue and Dr. John Dunn of Kaiser Permanente to discuss new trials for a vaccine to combat the South African COVID variant.

These are just a handful of examples of the work being done throughout the country by thousands of radio and television stations as the public turns to broadcasters to get trusted answers to their vaccine questions.

### Conclusion

It has been more than a year since the beginning of this devastating pandemic, and the enduring value of local broadcasters to our communities and our constituents has never been clearer. They have helped keep the fabric of our communities—and the very fabric of our democracy—connected during one of the most challenging years in our Nation’s history. In fact, local broadcasters have been a constant companion shining light, spreading hope and supporting communities as Americans have experienced acute isolation from their families, neighbors and loved ones.

According to Nielsen, at home news consumption grew significantly in the second quarter of last year and news was the most popular TV genre viewed as Americans left their TV sets on throughout the day. The most popular source was local television among 64 percent of respondents, as viewers tuned into local stations to get the information most relevant to their community and the content they trust.<sup>3</sup>

A separate Nielsen survey yielded compelling findings about radio as “comfort food” during the pandemic, with 83 percent of Americans reaffirming that they were listening to as much or more radio as they were before the pandemic. “As is the case with local TV viewership in times of crisis, radio and on-air personalities present a connection to the real world that listeners gravitate toward and trust,” said Nielsen.<sup>4</sup>

Providing a lifeline to communities—particularly in times of crisis—is what broadcasters do best, and they do it better than all other mediums combined.

As Americans’ most-trusted source for news, local radio and television stations understand their responsibility to deliver reliable, fact-based journalism and have demonstrated their indelible value. Broadcasters are delivering life-saving information and hope during a time when fear, uncertainty and loss have bonded us.

<sup>3</sup>The Nielsen Total Audience Report: August 2020

<sup>4</sup>Nielsen: Radio is Comfort Food as Media Consumption Rises Amid Covid-19 Pandemic



Broadcasters stand ready and prepared to continue helping Americans get the information they need to safeguard their health and return to normalcy. We are eager to continue to assist Congress, the Administration, Federal agencies and local leaders by using our free, local airwaves to carry the message America needs—and trusts—to get over the finish line with the COVID-19 pandemic.

Thank you again for the opportunity to discuss this issue, which is critical to America's broadcasters and the communities we serve. I look forward to your questions.

Senator LUJÁN. Thank you, Senator Smith. Next, we are going to hear from Yonaira Rivera. Dr. Rivera, an Assistant Professor of Communications at Rutgers University School of Communications and Information, from New Brunswick, New Jersey. Dr. Rivera, you are recognized for five minutes.

**STATEMENT OF YONAIRA RIVERA, Ph.D., M.P.H., ASSISTANT PROFESSOR OF COMMUNICATION, RUTGERS UNIVERSITY SCHOOL OF COMMUNICATION AND INFORMATION**

Dr. RIVERA. Thank you. Chairman Luján, Ranking Member Thune, distinguished members of the Senate Subcommittee thank you very much for inviting me to speak to you today about how we can reach Latinos and other communities of color with effective communication strategies to encourage the uptake of COVID-19 vaccinations. It is a great honor and privilege to be here.

My name is Yonaira Rivera, and I am an Assistant Professor at Rutgers University's School of Communication and Information. My scholarship is centered around reducing Latino health inequities through effective, health communication, with a focus on social media and community engaged research. But I have also served as a community health educator for Latinos in Florida and Puerto Rico. And I have worked alongside community leaders in Puerto Rico in long-term relief efforts after Hurricane Maria. It is from these collective experiences that I speak to you today to share insights on how to best reach Latino and other communities of color.

I first want to address how misinformation undermines our ability to reach these communities, particularly on social media. As you can see in my written testimony, findings from my research on cancer misinformation suggests that we should address digital health literacy among adult populations to help reduce the spread of health misinformation on social media platforms. But interventions at the platform level are also imperative. As individuals may not be sufficiently motivated or skilled to verify the health information they encounter on these platforms.

You may recall that platforms began self-regulating and monitoring the dissemination of some health content in 2019, after public and media concerns surrounding misinformation about the measles, mumps, and rubella vaccine. Yet, this reactive response leaves many questions unanswered, including what makes a public health problem important enough to regulate, and in what ways this content should be regulated—issues that we have only seen grow during the current pandemic.

These and other topics are at the core of a recent report released by the Johns Hopkins Center for Health Security. This report calls for a national strategy to combat health misinformation and disinformation and, among other things, suggests that a national commission be established to provide evidence-based guidelines and

recommendations for neutral oversight. Such a commission would include multiple stakeholders to address these very difficult issues from multiple angles.

I will now turn my attention to my second point of discussion, how to reach communities of color with evidence-based messages, to encourage vaccine uptake, while we embark on efforts to minimize health misinformation. Again, drawing from my work with the Latino community, some of these recommendations include, first, utilizing community health educators or other trustworthy figures to deliver evidence-based messages on social media and beyond. Second, to counteract misinformation by disseminating culturally tailored narratives. And third, partnering with local organizations and community leaders in bottom-up outreach efforts.

And I want to emphasize this last point. While it is crucial to invest in communication using traditional media outlets, it is just as essential to invest in bottom-up efforts that leverage the work already conducted on the ground by trusted community leaders and organizations. My experiences in the field have taught me that listening to community leaders, and working around their needs, is key for success. Local leaders know what efforts are feasible and what will benefit their community. So, listening to their concerns and assisting them in finding solutions cements trust and fosters a sense of ownership, which are instrumental to these and other public health efforts.

It is also important to note that blanket messages will not be successful with Latinos and other communities of color, as we are not monolithic. Tailored messaging is required to adequately promote vaccine uptake.

We must also remember that issues related to vaccine hesitancy are not all due to misinformation. And issues related to vaccine uptake are not all due to hesitancy. This is why working with, and listening to, leaders of grassroots organizations can facilitate communication efforts.

A final point I want to highlight is that we need more research. Addressing vaccine hesitancy and health misinformation is an extremely challenging endeavor. There are still many questions we do not have answers to, making this a very important opportunity to get it right and fund research and communication initiatives that adequately meet the challenge.

As I conclude, I want to re-emphasize the importance of leveraging trusted sources when reaching Latinos and other communities of color. This is instrumental, as building trust takes time and cannot be done overnight. We need more people who look like us delivering messages, more scientists who understand our communities conducting the research, and more funding directed toward our communities and organizations to end the disparities that we face.

I look forward to our conversation. Thank you.

[The prepared statement of Dr. Rivera follows:]

PREPARED STATEMENT OF YONAIRA M. RIVERA, PhD, MPH, ASSISTANT PROFESSOR,  
DEPARTMENT OF COMMUNICATION, SCHOOL OF COMMUNICATION & INFORMATION,  
RUTGERS—THE STATE UNIVERSITY OF NEW JERSEY

Chairman Luján, Ranking Member Thune, and distinguished members of the United States Senate Subcommittee on Communications, Media, and Broadband: thank you for inviting me to speak to you today about how we can reach Hispanic/Latino (henceforth Latino) and other communities of color (which I will refer to as BIPOC<sup>1</sup> communities) with effective communication strategies to encourage the uptake of COVID-19 vaccinations. It is a great honor and privilege to be here.

My name is Yonaira Rivera, and I am an Assistant Professor at Rutgers University's School of Communication and Information in New Jersey. My testimony today is based on over a decade of research and practice that impact BIPOC communities in this country.

My academic background includes a master's degree from Rollins School of Public Health at Emory University and a Ph.D. from Johns Hopkins School of Public Health. My scholarship is centered around reducing Latino health inequities through effective, theory-driven health communication, with a focus on social media and community engaged research.

But my experiences extend beyond academic research. I have served as a community health educator for the National Cancer Institute, educating Latino communities in Florida and Puerto Rico. I have also worked alongside community leaders in Puerto Rico in long-term relief efforts after Hurricane María, building the trust necessary to conduct fruitful community-based research and interventions.

It is from these collective experiences, and the published research of many scientists in the fields of public health and health communication, that I speak to you today to share insights on how to best reach Latino and other BIPOC communities through health communication initiatives that can assist in comprehensive COVID-19 vaccination efforts.

Vaccination efforts are instrumental as the Nation battles this pandemic. The success of these efforts undoubtedly relies upon accurate, effective health communication to ensure communities are well-informed about vaccine safety and efficacy, as well as where and how to access vaccinations. Despite this, there is still vaccine hesitancy among members of BIPOC communities for a myriad of reasons. These include medical and government mistrust, confusion about vaccines and where to get them, language barriers, and misinformation related to access, who is eligible, and fear of getting COVID-19 from the vaccine.

### **Misinformation undermines our ability to reach Latino and other BIPOC communities**

While issues related to vaccine hesitancy go beyond social media, evidence suggests that these platforms contribute to the spread of misinformation that can bolster these beliefs and misperceptions. The rise of misinformation on social media has caused public health scholars to express deep concerns over how health misinformation is shared, how vulnerable populations respond to it, and how it may negatively impact public health outcomes.

This concern is at the core of my empirical work, which focuses on understanding how U.S. Latino adults engage with and act upon health information and misinformation on social media. I have explored this within the context of cancer communication, which is another health equity issue that disproportionately impacts Latino communities.

Findings from my work, which focus on Latinos ages 40–75, highlight that many individuals do not have the time, skills or motivation to adequately verify content they encounter. Instead, they trust the sources who share it—despite content having low scientific credibility and being distributed by potentially unreliable sources.

In light of these findings, efforts that tackle digital health literacy among adult populations may be necessary to address the spread of misinformation on social media. Structural interventions (*i.e.*, those at the platform level) are also imperative, as individuals may not be sufficiently motivated or skilled to verify health information they encounter on social media. And while social media platforms have begun self-regulating and monitoring the dissemination of some health misinformation since the public and media outcry surrounding measles, mumps and rubella vaccine misinformation in 2019, this reactive response leaves many questions unanswered, including what makes a public health problem “important enough” to regulate, and in what ways should this content be regulated—issues we have only seen grow during the current pandemic.

<sup>1</sup> Brown, Indigenous and People of Color

These and other topics are at the core of a *recent report* released by the Johns Hopkins Center for Health Security, “National Priorities to Combat Misinformation and Disinformation for COVID-19 and Future Public Health Threats: A Call for a National Strategy” (led by Dr. Tara Sell). The report proposes for four pillars to assist in developing this strategy: (1) intervening against false/damaging content and its sources; (2) promoting and disseminating abundant factual information; (3) increasing public resilience to misinformation and disinformation; and (4) responding via multi-sector and multi-agency collaborations. It also recommends that a national commission be established to provide evidence-based guidelines and recommendations for nonpartisan oversight. Such a commission would include multiple stakeholders to address these difficult issues from multiple angles.

**How might we reach Latino and other BIPOC communities with messages to effectively increase vaccine uptake?**

In light of the current health misinformation landscape, I will now turn to my second point of discussion: how to reach Latino and other BIPOC communities with evidence-based messages to effectively increase vaccine uptake.

Other findings from my work with the Latino community emphasize that messages and their sources should be culturally relevant to boost effectiveness. These findings add to existing cancer communication literature and they are easily transferrable to the vaccine communication efforts we are tackling today. Some recommendations include:

- *Utilizing **promotores** or other trustworthy figures to deliver evidence-based messages on social media.* Trusted sources with perceived topic expertise/authority and similar cultural identity heavily contributed to engagement with information. Sources appear to enhance engagement with (or be more important than) culturally-relevant content. This suggests that receiving reputable health information from trusted individuals may assist in counteracting and dispelling myths. Initiatives can embed trusted sources in the Latino community—like *promotores* (community health workers) and other community leaders—into their outreach efforts. These individuals could be trained to engage with community members on social media through efforts that leverage the dialogical education enabled by platforms like Facebook, an approach that has been successful in tobacco-cessation interventions (see Ramo *et al.*, 2018).
- *Counteracting misinformation by disseminating culturally-tailored narratives.* Our findings present new considerations for social media interventions to adequately deliver evidence-based, culturally-tailored information to intended audiences. Narratives may be one tool to effectively counteract misinformation online, as the shared experiences of others had a strong influence in credibility assessments among interviewed participants. These findings align with other health communication efforts that have successfully used persuasive narratives containing Latino cultural values, language, and country of origin as a way to promote cancer prevention and screening (see Murphy *et al.*, 2015).
- *Partnering with local organizations and community leaders in bottom-up outreach efforts.* While it is crucial to invest in communication using traditional media outlets, it is just as essential to invest in bottom-up efforts that leverage the work already conducted on-the-ground by trusted community leaders and organizations. My experiences as both a community health educator and through my disaster relief work in Puerto Rico taught me that listening to community leaders and working around their needs is key for success. Local leaders know how feasible projects are locally, as well as what will be of benefit to the community. Taking their needs into account and assisting them in finding solutions foment trust and fosters a sense of ownership. This is instrumental in creating an environment of mutual collaboration where everyone involved has a seat at the table. For a detailed agenda on how to establish this kind of outreach, I will refer you to this *recent report* by the Working Group on Equity in COVID-19 Vaccination.

It is important to note that blanket messages will not be successful within Latino and BIPOC communities, as these are not monolithic. Tailored messaging is required to adequately promote vaccine uptake, which is why working with leaders and grassroots organizations can facilitate these and other communication efforts.

**More research is needed**

A final point I want to highlight is that we need more research. This current public health crisis has emphasized the relevance of research that assesses the impact of health misinformation on public health outcomes. Yet, addressing vaccine hesitancy and health misinformation among Latino audiences (and in general) is an ex-

tremely challenging endeavor. There are still many questions we do not have answers to, making this an important opportunity to get it right and fund research and communication initiatives that adequately meet this challenge.

That is why investing in future research is of paramount importance, as is the establishment of interdisciplinary, transnational, and multilingual collaborations. Transnational, multi-lingual initiatives are necessary to be informed on health misinformation trends happening in Latin America (and other countries) that are shared through social media. This will require international collaborations between researchers, journalists, government agencies, and non-profit organizations to share resources and best practices (see *The ComProp Navigator* for an example of similar efforts in political misinformation and disinformation).

Before concluding, I want to re-emphasize the importance of leveraging trusted sources when reaching Latinos and BIPOC communities. This is instrumental, as building trust takes time and cannot be done overnight. We need more people who look like us delivering messages, more scientists who understand our communities conducting the research, and more funding directed towards our communities and organizations to be successful at these efforts. I look forward to our conversation. Thank you.

Senator LUJÁN. Thank you, Dr. Rivera for being available today, as well. I am going to now recognize myself for five minutes for questioning.

Secretary Collins, I want to first thank you for attending this important hearing. As State House Secretary New Mexico, you are leading a critical effort to get the spread of this disease under control, and it is working. New Mexico is leading the Nation in its vaccine rollout. For every new case of COVID-19, 92 people are vaccinated. In our state, nearly 55 percent of residents 16 and older have received their first shot, and 36 percent are fully vaccinated. This Ranking Member's state, Mr. Thune, of South Dakota, is a close second at 27 percent fully vaccinated. And we do not mind this competition. We are going to keep going for first and second here.

What can the Nation learn from New Mexico, Dr. Collins? How has your message strategy been so successful, especially considering the diverse and highly rural communities across New Mexico?

Dr. COLLINS. Thank you, Senator. You know, it takes a really good team with strategy and organization. So, what we have done, we set up an online portal, an app, where New Mexicans can go and get registered. And also, we have a team, what we call an instant command structure, which I mentioned in my opening remarks, which keeps us organized. So, we have a way of making sure we have communications set up, logistics, operations to make sure that we are getting vaccine doses out to vaccine providers throughout the state. And we are constantly messaging through public services announcements, through press conferences, we are engaging the communities. And we are also working with community leaders to allow them to serve as our trusted voices to engage New Mexicans to get vaccinated.

Senator LUJÁN. Dr. Rivera, you have spent years studying how to best address health misinformation spread through online platforms, targeting Hispanic communities. However, companies like Facebook, Twitter, and Google will repeatedly reassure us that all of their content moderation efforts are effective in English, as well as Spanish. Data suggests otherwise, with research finding Facebook's algorithms less than half as effective as labeling misleading content about the coronavirus in Spanish than they are in

English. Dr. Rivera, what are the long-term consequences of this gap?

Dr. RIVERA. Thank you for that question, Senator. I want to—I want to remind everyone that the pandemic has only amplified inequities and disparities that already exist, and disproportionately affect communities like the Latino community. This is not new to COVID, right? We have seen the same thing happen in Puerto Rico after Hurricane Maria, where structural inequalities, that already existed, were exacerbated, and they led to the unnecessary loss of thousands of lives. We have also seen similar things happen in other disasters in the U.S. and across the world.

So, with this in mind, it is critical that everyone has access to the same kind of information and protective measures, no matter the language. Otherwise, any of these gaps and inequities are going to continue to grow. And that is really why it is important that, when we are thinking about platforms and what to do, to establish a neutral commission that really has multiple sectors and agencies who can develop—help develop guidelines and recommendations that can identify these and other gaps that are really important for public health efforts.

Senator LUJÁN. Thank you, Dr. Rivera. Senator Smith, in order to understand and address the challenges of their communities, we need networks owned and operated by people who understand the communities they serve. And I think that is reflected all across America, especially in small towns.

You have long advocated for increased diversity in network ownership, and I agree, because, frankly, this is a problem that is impossible to ignore. Women are over half the population but only own 5.3 percent of full power commercial television. Hispanic people only own 4.2 percent. African-Americans own less than 1 percent. And I believe that we can not have an effective local public health communication strategy without a diverse media landscape.

In light of the testimony, we have heard on broadcasters' role as trusted voices during the pandemic, do you believe Congress and the FCC should be taking active steps to encourage diverse media ownership?

Mr. SMITH. Yes, of course, I do agree with that, Senator, and there is two ways to do it. It can be mandated in statute, but it also could be incentivized by statute. Before I came to Congress, in 1995, there was something called the Minority Tax Certificate Program. It worked very well, but admittedly, there were abuses. So, in 1995, as part of a budget deal, with the Clinton Administration, the Republican Congress ended it. They should have mended it, not ended it.

And when I came to the Senate in 1996, starting in 1997, I became aware of this problem you identify. As a member of the Commerce Committee, and later the Finance Committee, I made it my bill to restore the Minority Tax Certificate Program. Because, yes, you can do it by a stick, but it is better with a carrot. And I want to credit Senator Peters. He has picked up that bill and I think it will work very well.

Diversity among broadcast management and ownership, there is not a lack of will. It is a lack of capital, access to capital. This helps fix that. And it can be done where purging the abuses of yesteryear

in a way that really help broadcasters achieve what they already want to do, which is the diversity of its ownership with management, with the diversity of our—the American people.

Senator LUJÁN. Appreciate that, Senator Smith, and I look forward to a second round of questions, if we get a chance. I will now recognize the Ranking Member, Mr. Thune, for five minutes.

Senator THUNE. Thank you, Mr. Chairman. And, Senator Smith, again, a long-time alum of this room. And I am sure it feels somewhat surreal, maybe, to be here again but in a different role. But we are, as I said earlier, grateful for your many contributions as a member of this body and since, and for the very effective way you have represented the broadcasters across this country who, as you point out, have, I would say, the most credibility among news organizations these days.

And people ask me all the time, where do I go if I want to get just news and journalism, and it is so hard anymore because so many media outlets have become echo chambers. They reinforce what people already believe and it is more opinion and commentary. And so, I often recommend that they go and get it from their local broadcasters, and that is probably the most straight, down the middle news you are going to get.

As you know, Congress has allocated funds to support vaccine public awareness campaigns. And since the beginning of the pandemic, NAB and its members have been working to disseminate health-related information to the public, including educating the public and pointing them toward testing sites, vaccine registration websites, and vaccine sites. What modes of communication have your members serving more rural areas seen to be the most effective way to reach individuals? And what specific steps are broadcasters taking when partnering with their Federal Government to reach rural communities?

Mr. SMITH. Well, Senator, I know Chairman Luján has the same concern. And you know as well as I, that if you want to send a message to Sioux Falls, it is going to be a different message or a different method to reach Deadwood, or Albuquerque, or Clovis. And for messaging to get out credibly, through our medium, which is the most biggest and demonstrably the most effective, takes a little more time, a little more patience. You all represent agriculture states. If you want a good crop, you have got to get the water to the end of the row. That takes time. That takes a little more patience.

And that is what needs to happen as we roll out these messages, to make sure that we get on Spanish radio, to make sure that we get on rural radio. Farmers listen to the radio almost constantly. So, use those stations. And of course, include urban areas, as well.

So, I am just—I am here to say that that money can reach 90 percent plus of the American people with effective targeted advertising, if you use all the tools available to you through broadcasting. Television and radio, rural, urban, small, and large, the American people will get the message because they tune into broadcasting and they find it the most credible.

Senator THUNE. And the airtime that they're offering up is valuable to all of your members, no matter the scale of their operations or audiences. Has the NAB been able to quantify this public inter-

est effort, in terms of the monetary value of airtime donated by your members throughout the pandemic?

Mr. SMITH. I know when COVID first hit, I directed my staff to produce some advertising, which was run throughout the country on saturation levels, at an approximate cost of commercial value of \$160 million. In addition to that, many local broadcasters have done additional things in their communities. In the Ad Council—we work with the Ad Council to produce national rollout campaigns, as well, that are informative and, I think, have been well received by the American people.

I do not have a final number, but it would be in the hundreds of millions of dollars of advertising time that has been donated by broadcasting. And I am very proud of that.

Senator THUNE. There are recent reports of vaccine demand falling as the number of cases falls and the number of deaths also fall. What is the role of local broadcasters and pushing people to continue to get vaccinated, even as the pandemic seems to have currently plateaued in some regions?

Mr. SMITH. I think the main thing that our responsibility is, is to make sure they have the facts. And obviously, there are things that government can do to give them hope, that these vaccines are incredibly effective, and that—but when there is something like a Johnson & Johnson issue that comes up, our job is to give the people the facts, and ultimately, that is trusted, and the people seem to be responding to it. And fortunately, these vaccines are so effective that the death rate is dropping like a rock and that says we are getting the job done. But there is more to do.

Senator THUNE. Thanks. Dr. Collins, with respect to the news about Johnson & Johnson, my question is are we going to need to pivot when it comes to the PR strategy that was laid out by the Administration a couple of weeks ago? And what is the best strategy for quickly addressing this new and emerging issue?

Dr. COLLINS. Thank you for the question. What we need to do is certainly recognize that more data is needed to understand J&J. There were six cases out of 6.8 million doses received. So, that is less than one in a million. Keep in mind that one in 10 Americans have gotten COVID, and one in 558 have died.

What we need to do now is pause on J&J until we get more information, and then, certainly ramp up the amount of Pfizer and Moderna that we are getting out to communities. And, as an example, one of our FEMA Urban Mobile Units, we were planning to use J&J and we quickly pivoted to Moderna, once we had to pause the use of J&J.

Senator THUNE. OK, thank you. Mr. Chair, my time has expired, and I do have to run to ask a question at Finance on another issue. But I did want to point out that, to your point about the competition, that 37 percent of South Dakotans are fully vaccinated.

Senator LUJÁN. I like that competition, Senator Thune. And we are going to keep racing for first. That is good.

Senator THUNE. All right.

Senator LUJÁN. Between South Dakota and New Mexico, let us see who gets—stays in that slot. But with that being said, I am now going to recognize my friend, Senator Klobuchar, for five minutes for questions.



**STATEMENT OF HON. AMY KLOBUCHAR,  
U.S. SENATOR FROM MINNESOTA**

Senator KLOBUCHAR. Of course, I am now quickly checking my Minnesota numbers, to see where we are. I did note a local news story, though, that said that South Dakota, because it is in my region, Mr. Chair—

Senator LUJÁN. Uh-huh.

Senator KLOBUCHAR. Is actually doing a very good job. They had a story on red states and blue states and what is happening and how we get the information out. And they said that South Dakota had, kind of, risen to the occasion and was getting their vaccines out, and—which I have also found in rural Minnesota, spending the last few weeks there, at the same time, which is a great topic for this hearing. Thank you, Mr. Chairman.

A lot of misinformation. One guy at a café told me his mother-in-law—this is a month ago—was—got an appointment time and she canceled it because she read on the Internet that there would be a tracker planted in the vaccine in her arm. And she read that on the internet. And that has been, by the way, a common thing out there.

Getting to your work, Senator Smith, and I know you know how much I respect you and how hard we have worked together and—

Mr. SMITH. That is very mutual, Senator.

Senator KLOBUCHAR. Thank you. And I am wishing you good fortune in everything you do going forward.

And one of the things that is frustrating for me is that the local news has tended to report things as they are at home, and then, people are reading this crazy stuff on the internet, OK? That is what is happening. There is some good stuff on the Internet and there is some really bad stuff on the internet. And you, just to, kind of, go into this larger issue, you would not be able to put stuff on your news stations that are total lies, or ads that are total lies, for instance, without running into regulatory problems.

Mr. SMITH. Right.

Senator KLOBUCHAR. OK. So, one of the things that I would like to see, in a bigger picture, is to give broadcasters more of a—more possibility and also, newspapers and all of our content producers to be able to keep going with trying to put the news out there. I think you know—I think you guys have come on board with us on this bill to create an exemption from the anti-trust laws—

Mr. SMITH. We have, and we thank you for that, Senator.

Senator KLOBUCHAR. Yes, but to allow news—So, this is a bill I have with Senator Kennedy of Louisiana. It is bipartisan in the House. Senator McConnell was on it last year. It is a big deal.

Mr. SMITH. Mm-hmm.

Senator KLOBUCHAR. Can you just explain why it is—why this feeds into misinformation? Because we have to allow our news organizations to keep going. They have got to be able to negotiate content rates, so they have the funds to be able to keep being strong, so that we do not have everyone getting their news from misinformation on the internet. Can you, kind of, tie that together?

Mr. SMITH. Senator, since the 17th century—16th—17th century, when Edmund Burke looked up to the gallery in the Parliament

and said, “there lies the fourth estate more powerful than they all,” he was recognizing the importance of journalism in democracy—in the healthy democracy.

And it should be obvious to everyone and our surveys are pointing this out that people really are struggling now, to find out what the facts are. Where can truth be found? And fortunately, for the people I represent, broadcasters, they are number one on the list as most trusted, most reliable. I even—I remember even Senator Schumer spoke to our broadcasters, not too many years ago, and he said, you know, the only place I can go anymore, just to get the facts and not be spun, so I can communicate clearly with my constituents, is my local broadcasters.

I am proud to represent them, but everybody needs to understand, journalism is not free. It is free speech.

Senator KLOBUCHAR. Mm-hmm.

Mr. SMITH. But to get the facts, sometimes takes journalistic digging. And what has always sustained broadcasters is advertising. And when COVID came, and Wall Street to Main Street advertising collapsed, it was a huge hit. But predating that was the consequence of the unfettered growth and domination of the Internet and social media that takes well over half the advertising dollars today. So, there is a real issue about how they take our content and they put it on their platforms and then, sell ads against us.

Senator KLOBUCHAR. Mm-hmm.

Mr. SMITH. And ultimately, countries like Australia, European Union, Canada even, I believe are taking up bills just like the one you are talking about, to make sure, while government is not funding journalism, and it should not, it is actually making sure that those revenue streams exist. Because government has—our government has an incentive to keep its democracy healthy.

Senator KLOBUCHAR. Yes. Thank you for putting that in that context. And I am going to be pushing hard for this bill. Clearly we have some issues in rural areas. Mine have been, actually, doing pretty well of having just been up to about eight rural towns, big and small, in the last week, and are proud of their vaccination rate. But across the country, I think your information getting out there on the airwaves, and I know you have a major effort going on, would be really helpful. And could you talk about what you think we need to do to get the information out there rural, to get more people to get the vaccine?

Mr. SMITH. Well, again, I want, as I did in my testimony, thank the Department of Health and Human Services and for the Congress in allocating these dollars.

If you want to reach everyone—if you want to get the water to the end of the row, you have got to—you have got to include large and small, urban and rural, ethnic and otherwise, you have got to do—use all the tools in the toolbox. And you have got to be persistent at it, and if you are, the American people will get the accurate information, as on no other medium, through broadcasting, radio and television.

Senator KLOBUCHAR. Mm-hmm, very good. Dr. Collins—this will be my last question, Mr. Chair. Oh, I have time. OK, well then, let

me use that time to report that 48 percent of Minnesotans over 16 have had at least one vaccine dose. But I will continue on.

OK, so, Dr. Collins, a recent poll by the Blue Star Families found that almost half of veterans' families surveyed do not expect to receive a vaccine, with 75 percent of those families citing some of these, what I believe, are false information that they have heard and their concerns about efficacy, safety. Last month, Senator Portman and I sent a letter to the Department of Veteran's Affairs to ensure that veterans have accurate information. Dr. Collins, can you speak to the importance of ensuring that veterans and military personnel—I know you have many in your state—receive accurate and timely information about the vaccine?

Dr. COLLINS. Yes, thank you, Senator and congratulations on the status of Minnesota for vaccines. Certainly, it is important to make sure that our veterans are getting the correct information and we have multiple avenues to achieve that. We really want to look at the risk factor profile, also, of veterans. Which means that they are more likely to have an adverse event if they actually get COVID, which highlights the value of getting the vaccine.

So, it is really a matter of working with the Department of Veteran's Affairs, to ensure that they can get messaging out and facts to these families and to their veterans, about the value of the vaccine, and that we have enough vaccine doses going out to our veterans.

Senator KLOBUCHAR. Very good, thank you. Dr. Rivera, my last question. One report last year found that social media platforms failed to act on 95 percent on the COVID and vaccine misinformation reported to them. I led a letter on this. I have been doing a lot of work, it is no secret, on trying to hold these companies accountable for various things. Following the letter we did, Facebook announced new policies to expand efforts to counter vaccine misinformation.

Can you speak to the importance of ensuring that the social media platforms do their part? And again, I was actually on a hearing yesterday, on the Joint Economic Committee, and one of the witnesses there, a doctor, talked about how a recent study showed that 73 percent of vaccine disinformation posts on Facebook, and 17 percent on Twitter, originate from the same 12 sources. And I know you mentioned this report earlier in the hearing. I am just picturing these 12 people out there pumping out lies. In light of that report that you co-authored, can you speak to the key measures that should be taken? Like, maybe trying to take down 12 people's accounts?

Dr. RIVERA. Thank you so much for that question. Just to highlight a little bit more about the report, it really argues four pillars. We need to be reducing the level of misinformation, while we are increasing the accurate information that is out there, while we are building resilience within communities and audiences, so that they are able to identify things when they see it. But then, also, and very importantly, this is a multi-sectoral, multi-agency issue.

Helpless information has huge ramifications on quality of life and livelihood. And it is important that we have multiple people at the table who can identify appropriate recommendations and guidelines to help curtail disinformation on these platforms.

So, just having the platforms do it, presents some issues, right? What makes something important enough to be pulled? Where is that line—that very delicate balance between freedom of speech and harmful content that can impact people’s livelihoods? And that is why a lot of—this is complex. It is very multi-layered. We need to have a lot of people at the table to be able to provide those guidelines on recommendations.

Senator KLOBUCHAR. OK, good. Well, I have with me here the 12 top sources of anti-vaccine disinformation online. I just cannot help but think that the companies that are the biggest companies the world have ever known cannot find some way to deal with this. But I guess I will have to take it on myself. I am not going to read their names in, although I would love to. Mr. Chair, I will just simply put it on the record. Thank you.

[The information referred to follows:]

Twelve individuals who have played leading roles in spreading digital disinformation about coronavirus vaccines<sup>1</sup>:

1. Joseph Mercola
2. Robert F. Kennedy, Jr.
3. Ty and Charlene Bollinger
4. Sherri Tenpenny
5. Rizza Islam
6. Rashid Buttar
7. Erin Elizabeth
8. Sayer Ji
9. Kelly Brogan
10. Christiane Northrup
11. Ben Tapper
12. Kevin Jenkins

Senator LUJÁN. I appreciate that, Senator Klobuchar. And I think you are going to have a lot of interest of members that want to work with you on that, including me, in that effort, as well. We need to stop the spread of misinformation out there, as we have heard from every one of our witnesses today. It is so important to share facts, accurate information with our constituents, with people across the United States of America. And that there needs to be an active effort to stop the lies, to stop the spread of misinformation because it is costing people their lives. And so, thank you so much for bringing that forward, as well, Senator Klobuchar.

Secretary Collins, as testimony shows, effective communication and outreach can change the course of a pandemic. Most Americans want to get vaccinated, across all ages, ethnicities, and races. No matter where they live, Americans want to get back to their lives. Over the last 3 months, we have seen vaccine hesitancy numbers drop dramatically. The number of African-American, Hispanic adults who are not sure if they will get the vaccine, have dropped in half. We are also seeing incredible progress made in Native American communities, as well. People see the vaccine working and they are excited to return back to normal.

<sup>1</sup> Center for Countering Digital Hate. (March 24, 2021). The Disinformation Dozen. [https://252f2edd-1c8b-49f5-9bb2-cb57bb47e4ba.filesusr.com/ugd/f4d9b9\\_b7cedc0553604720b7137f8663366ee5.pdf](https://252f2edd-1c8b-49f5-9bb2-cb57bb47e4ba.filesusr.com/ugd/f4d9b9_b7cedc0553604720b7137f8663366ee5.pdf)

What would you say to folks who are still—are waiting to get the vaccine?

Secretary COLLINS. Thank you for that question. What I would say to those who are still waiting is that there is tremendous value in getting this vaccine and preventing—protecting yourself and your loved ones from COVID-19 and protecting our union. We want to keep Americans safe. And so, the vaccines have high efficacy. We know Moderna and Pfizer, we have not seen any adverse events that are concerning with those vaccines. So, I strongly encourage all of you, if you have not been vaccinated and you receive the opportunity to be vaccinated, go and get your vaccine.

Senator LUJÁN. Dr. Collins, providing clear and consistent health information comes at all levels. And I appreciate what you just shared with us. I also want you just to remind us of the Johnson & Johnson numbers that you shared a little bit earlier. Could you please share that information and talk about that a little bit more?

Dr. COLLINS. Yes, so when you think about hearing about an outcome, like a blood clot with J&J, there is the immediate idea of, oh no, it is very concerning. But if you really stop and think about the statistic here, we are talking about six cases out of 6.8 million doses of the vaccine that were received. And so, that is less than one in a million.

Now, when we think about the number of Americans who actually had COVID, that is actually one in 10. And the number who die from that, one in every 558 Americans. So, you are more likely to be struck by lightning than to succumb to J&J. However, we need to pause now and get more information to ensure the safety of the public. But I do want to strongly encourage people that, the vaccine—getting a vaccine is your best option.

Senator LUJÁN. Thank you so much for that clarification. Now, Dr. Rivera, as we have talked about the importance of providing clear and consistent health information, more often than not, it falls to friends, family, and community members. And I think nearly all of us this year have had a friend or family member share incorrect information, maybe they have come across online. Based on your research, what are effective approaches to correcting faulty vaccine information when it is shared by friends and family?

Dr. RIVERA. Thank you so much for that question, Senator. I want to start by reminding everyone that correcting misinformation is notoriously difficult. And we are still trying to identify what the best ways are, what the most effective ways are, which is why we need to continue this research and fund these kinds of evaluations and initiatives.

But some recommendations that can help slow down these things. It really links back to my comments about leveraging the power of trusted sources. We know that sources influence trust in information. And in my work, sources were just as important, right—the person sharing information was just as important, if not more, than the actual content in cancer related information.

So, we can leverage those things when we are having conversations with our friends and family. Of course, they are hard conversations, right? These are the people that are closest to us. And we know, as well, that misinformation tends to come with sensationalist headlines or things that really invoke an emotional re-

sponse. Especially in the environment of uncertainty, like the one we are living in today, where there is so much information and people are trying to find where the accurate information is.

So, I always recommend first to take a—take a second to pause and let those emotions get calm, and share correct information that is relatable, from a reputable source. If you are able to find that in the form of narratives, even better, because stories really stick. People like stories. They understand them. So, there is power in narratives and we have seen that with cervical cancer work among Mexican American communities in the U.S. where narratives have been able to—culturally tailored narratives have helped raise numbers of pap smears and HPV vaccinations.

So, there are resources out there on different platforms, like the World Health Organization, CDC, etc., local health departments. Share them, but also it stops with you. You have the ability to, when you get misinformation, when you get something that is sensationalist or causes this emotional response, stop and maybe do not share it.

Senator LUJÁN. Thank you so much, Dr. Rivera. Senator Smith, Senator Thune asked a question along these lines, and I appreciate your response. I really want to emphasize it. And this is just a clear message to the Administration, to the team that has been assigned by President Biden to make these investments across America, in educating the American people about facts, and stopping the spread of misinformation, with the dollars that were included in the appropriation and the American Rescue Plan, to work with broadcasters, as well. And I certainly hope the buyers that, maybe, they are going to be working with are listening loud and clear to what I have to say.

It is easier to buy with the larger conglomerates. And they touch a lot of people. They are able to find people where they are. What is harder is to find those family owned Ma and Pop TV and radio stations and newspapers across America. But that is where we know the vaccine is needed and information is needed most. What can you share with me, Senator Smith, about the importance of what it will take to be able to connect with those family owned, Ma and Pop—

Mr. SMITH. Yes.

Senator LUJÁN.—radio stations and newspapers across America? Those broadcast television stations owned by people of color? And should there be a, you know, percentage of that buy that, maybe, goes to those folks? But what are your thoughts there?

Mr. SMITH. It is such an excellent question and—now, I am obviously not here to argue for one—some sort—group of my members versus another. But I am here to say, all of the above. Because again, if you want to get the water to the end of the row, it takes more time. It takes more effort. It takes more patience. But you have got to do it. And broadcasting is the medium that can reach them all. It can get everything to the end of the row. But it does take more effort on the part of government.

And as I was listening to your excellent witnesses and the points they were making, and it is also important who is delivering the message. And to her point, I think is so excellent, we need Hispanic broadcasters, as well, to be speaking to Hispanic people. And I

know that as I say that I remember from my chair on the Senate floor, you see the national motto, E Pluribus Unum, out of many one. What I am saying is, sort of, intention—intention with that. But it is, kind of like, being a dad. All your kids are a little bit different. And if you want to treat them fairly, sometimes you have to treat them differently and specially, in order to reach them and bring them to the same place.

That is what we need to do. And it takes time, being a dad. It takes time being a farmer getting the water to the end of the row. And it takes time for government, using one of its greatest tools, which is its airwaves, and FCC licensees to get these messages out in a way that ultimately gets all the way to the end and produces the result, which is a vaccinated and healthy public.

Senator LUJÁN. Appreciate that Senator Smith. I know I will be asking for a thorough oversight to make sure that some of these small Ma and Pop, family owned stations and papers across the country are being included in that. So, thank you for that.

Next, I want to recognize Senator Tester for five minutes for questions.

**STATEMENT OF HON. JON TESTER,  
U.S. SENATOR FROM MONTANA**

Senator TESTER. Well, thank you, Chairman Luján. That sounds pretty good, Chairman Luján. We need to have more of these. I want to thank the witnesses for being here. A special thank you to my friend, Gordon Smith. And I would be remiss if I did not point out the fact that Gordon is retiring. I had hoped you would wait a few years before you did that, Gordon, but the broadcasters are going to miss you. And I just want you to know that if you get bored and you have got nothing to do, come on up and I will send you out with a pickup and you can pick rocks on the farm in Montana.

Mr. SMITH. I will look forward to that.

Senator TESTER. No, you will not. You know that. But the truth is that you have done a great job with the broadcasters. I did—and I just want to say what a pleasure you have been to work with in that role.

Mr. SMITH. Thank you, my friend.

Senator TESTER. You bet. And look, in Montana, as of the 1st of this month, vaccine eligibility was extended to everybody over the age of 16. As the availability of the vaccine has increased, and it is probably the same in your States, the problem of vaccine hesitancy is turning into a problem, because we have got the vaccine now, and now, we have got people who are resisting to get it into their arms. It is particularly a problem in the more rural areas, particularly in the eastern part of our state.

Earlier this week, I spoke with a bunch of Montana community health centers. They were talking about this hesitancy. They had said the largest city, Billings, about 25 percent of their vaccine appointments were accounted for, three-quarters were not.

Back in February, the Senate Veteran's Affairs Committee hearing, which I chair, I asked the head of VHA about how the VA is tracking refusal rates, because they are high, once again more—higher in the rural areas than anywhere else. And I remain con-

cerned about how we are tracking it and how we are understanding the half-apprehensions. And I would—I would just say—if you have covered this already, I apologize. I have got three committees going on at the same time.

But the question I have, and this is for you, Dr. Collins, New Mexico—I heard the Chairman talk about how you guys are doing a great job, and congratulations on that. But are you able to track the vaccine refusal rates across your state?

Dr. COLLINS. Thank you, Senator Tester, I appreciate that question. We are definitely using our dashboards to track, sort of, reactions and how many people are getting registered. And we are working closely with community leaders to understand what is behind anyone who is refusing, or not interested in the vaccine. So, we have set up what is called an Equity Task Force to address this very issue that you are raising.

Senator TESTER. And then, so—so, that Equity Task Force, is that—is that—are they recommending adjustments when the—or when the population that is refusing the vaccine is found? Or—what are you doing? What kind of adjustments are you making to try to make end roads there to the folks that say, you know, I don't want to do—I don't want to do this?

Dr. COLLINS. Yes, the idea is that we want to understand why. So, we have had surveys that have been distributed to certain communities, like Latino, and we have also are working with interfaith agencies. So, if we understand what is behind—is it because you want to see someone who looks like you, believes like you, evangelicals, who gets the vaccines, then we need to find that role model to communicate with those various sectors. And so, it is really about gathering various data and acting on it. And so, we are using Trusted Voices.

Senator TESTER. I just want to build on that, for a second, with you, Gordon. And that is the broadcasters do play a critically important role in getting the message out and you do hit a lot of households. And—and have you guys sat down and determined—and if you have covered this, I apologize—but determined what are the important factors in a message that you are sending to vaccine hesitant households?

Mr. SMITH. Well, first of all, Senator, we are anxious to report the facts as we get them. That is our job. And in the end, I think the more clarity that the government can speak with, the more hopeful it can be, in terms of its own messaging that if you get the vaccine, not only are you virtually eliminating your chances to die of this, but others around you that you love. And life can return to normal. That kind of messaging has strong incentive to it. If the government mixes its message and says, well, but things may never change, then now, you are discouraging people. I am saying that, not as a broadcaster, but just as a citizen who is watching the news.

And, you know, the way you combat bad information is with more information. And we are anxious to report the facts that are accurate and get them out, to the end of the row, so that people in rural communities can get the information, too. And minority communities, that otherwise may not get to the truth and get to the vaccine.



Senator TESTER. Right on. Hey, Gordon, I appreciate that point. I mean, the truth is is that, if people do not see—and by the way, I have got the vaccine and I am sure you have, too.

Mr. SMITH. I did, too.

Senator TESTER. Probably everybody on this call has got it. It would take a tremendous load off your shoulders, but if you are still required to live the same lifestyle after you take the vaccine, as you did before, that is a real negative for people, getting it in people's arms.

Mr. SMITH. It is just it cross-purposes, Senator. And that is the important point I think you are making. Our message is not just to be about the facts of the effectiveness of this but encouraging hopefulness and to return to normalcy. I think the country is so hungry for that. And broadcasters can certainly help do that. But our job is to report the truth, the facts as we are able to dig them out and distinguish them from the falsehoods you find on the internet.

Senator TESTER. Yep. Amen, brother. Thank you, Mr. Chairman.

Senator LUJÁN. Thank you, Chairman Tester. Appreciate that. Next, we are going to hear from Senator Peters. Mr. Chairman, you are recognized for five minutes.

**STATEMENT OF HON. GARY PETERS,  
U.S. SENATOR FROM MICHIGAN**

Senator PETERS. Well, thank you, Mr. Chairman. Thank you for this hearing and to the witnesses here today, it is great to hear your testimony.

You know, as our Nation clearly continues to see a rise in variants of the coronavirus, we know these variants are more infectious than the original one. Michigan, right now, is seeing a pretty dramatic surge in infections and certainly variants are playing a role in that. And certainly, at least the evidence that I have seen shows that the vaccines that are out right now appear to be very highly effective against these variants.

And so, my question to you, Dr. Collins is, you know, how should we discuss the potential impact of these variants on vaccine effectiveness with our constituents, particularly at a time when we are dealing with vaccine hesitancy, to let people know that getting this vaccine now is going to deal with the vaccines? But what is the best way to approach that—that issue?

Dr. COLLINS. And I appreciate your question, Senator. Really it is working with broadcast to get the message out that, just as you just stated, the vaccines, Pfizer and Moderna, are efficacious against that B.1.1 variant that you are seeing in Michigan.

So, the idea is that we initially really wanted everyone to get the vaccine. We are seeing these variants. We are seeing an uptick in cases. It is still important to get the vaccine because it can stop the replication of COVID and, therefore, stop the mutation, and reduce the chances for more mutations.

So, it is really making sure we work with the communities to get that messaging out there, and we do it often and consistently.

Senator PETERS. Right, absolutely. You know, as Chairman of the Senate Homeland Security Committee, I have been working with FEMA to deal with all of the various aspects of this emer-

gency. And in light of their role as on the frontline of combatting this pandemic, FEMA has established a rumor control website, which is there to help the public distinguish between the rumors and facts regarding the coronavirus response. The website addresses common questions like vaccines, medical supplies, personal protective equipment, financial assistance, all the things—really key facts that people need to have.

My question to you, Dr. Collins, is how has your state been able to leverage FEMA resources to combat mis- and disinformation on the ground?

Dr. COLLINS. FEMA has been instrumental in helping us set up our instant command structure, in which we have our Joint Information Center. So, they have guided us as to how best to set up our communications structure, such that our messaging in New Mexico is really strong. And again, that we are reaching throughout the entire state rural, urban areas, and to really help people understand the value of the vaccine.

Senator PETERS. Well, that is great to hear. And, Dr. Rivera, Mr. Smith, a question for you. What are the ways that an agency, like FEMA, can take the useful information, that they have published online on that rumor control site that I mentioned, and ensure that it is reaching the maximum amount of people in our communities. Not everybody is necessarily going to that site. How can we leverage it? Do you have any suggestions?

Dr. RIVERA. Yes, I can give some quick suggestions and let the other witness attest to broadcast. We—first of all, it needs to be available in as many languages as possible. There are huge disparities and a lot of issues related to hesitancy, that has to do with lack of information, like, access to information in multiple languages, in addition to access to the actual vaccine, because of many structural issues, transportation, childcare, etc.

So, we need to make sure that this is available to these communities multilingual and identify the places where these individuals go for their information, whether it be broadcast, also have a social media platform for it. I know that the Latino community uses Facebook, in particular, and WhatsApp a lot, to share information amongst each other. So, if there can be ways to leverage those types of platforms, as well. But at the end of the day, it gets to really understanding your audience and where they are. And leveraging—and pointing them into the direction, not on one platform, but in multiple avenues.

Senator PETERS. That's great advice. Mr. Smith?

Mr. SMITH. Yes, Senator. Let me first note, if you did not hear it. I was bragging about you earlier, thanking you for your picking up what was an old bill of mine to reintroduce or reestablish the Minority Tax Certificate Program. But look, the—the way—

Senator PETERS. Well, thank you for doing that. Let me thank you for doing that. I appreciate it.

Mr. SMITH. That is a great cause, and we fully support your efforts in that. I think she—your witness before me has answered it perfectly. You have got to beat that information with more information. You have to be persistent in using all the broadcasters to make sure they cover all the American people because that is our

ability uniquely to do. And you just have to keep combatting falsehoods with hope and with facts.

Senator PETERS. Well, I appreciate that and keep doing that, each and every day. Thank you, Mr. Chairman.

Senator LUJÁN. Thank you, Senator Peters. I now recognize the Chair of the Full Committee, Senator Cantwell, for five minutes for questions.

**STATEMENT OF HON. MARIA CANTWELL,  
U.S. SENATOR FROM WASHINGTON**

The CHAIR. Well, thank you, Senator Luján. Thank you so much for holding this important hearing and for the witnesses being here today. Senator Smith, good to see you. Sorry to hear about your retirement. Well, actually, not sorry for you because, you know, I know you are returning to the beautiful Northwest. And so, hard to—hard to beat where you and I come from.

I did want to—I know we—I have heard a little bit of the dialogue this morning. But obviously, the Paycheck Protection Program extending to newspapers and to TVs, I believe is really critical in continuing to tell the story. I mean, that is what the premise was, to make sure that radio and TV broadcasters, and others who have unique reach into particular communities, whether that is African-American radio stations or, in the Northwest, it could have been the Asian broadcasters, or what have you. So, how important is it for us to continue to make investments to keep these diverse sources? I do not think people really understand how close we are to losing more and more.

Mr. SMITH. You know, I did say earlier, to other questions, Senator. But I think before I reiterate some of those things, I just want to express to you, personally, how much we appreciate your extra mile efforts with the CARES Act to make sure more and more broadcasters, who provide—uniquely provide localism and journalism to your constituents and our communities. You have been a superstar in our eyes, and we thank you for it.

The CHAIR. Thank you.

Mr. SMITH. But as I said earlier, you know, ever since the beginning of democratic institutions, a free press and serious journalism have been really important to preserving the trust in democracy, and we are losing that. We are losing it because the revenue streams, which are advertising that move goods and services and promote jobs and enterprise, that is drying up for broadcasting and for newspapers. And we are suffering the consequence of it in our democracy.

Now, you cannot put the genie back in the bottle, in terms of social media. We all—I love my—my iPads and all, and iPhones and we—it is a part of it. But freedom of speech, yes, it is free, but when it comes to journalism, it comes at a price. And there is a—it needs to be a way to pay for it, good investigative journalism.

And so, we want to work with you for ways to accomplish that. With Senator Klobuchar, earlier, who mentioned her approach on that. We are interested in all of the above, because, I think, if we are to preserve our republic, we have to preserve the fourth estate which is freedom of the press. It is in the First Amendment because it is first in importance. That is the keystone of our democ-

racy and we want to support those things—those policies, in the future, which will leave other platforms in business. That is fine. But not sacrifice the ones that have helped us to have a trustworthy democracy.

The CHAIR. Well, the focus of this is COVID. So, do you consider news critical infrastructure, as it relates to delivering key public health information?

Mr. SMITH. Completely. I mean, there is no platform quite like broadcasting to reach nearly—you know, well above 90 percent of the American people and it is free, and it is local, and it is live, and includes all ethnicities, all of the diversity of America. And—and we have anchors of all the diversity of America and management. We need to do even more, in terms of ownership diversity. But there are great ways to accomplish that and there are other ways, as well.

But I just think we have a really important interest in getting the truth out there, and we have the desire to do it. I know, in every newsroom and every broadcast station I have ever visited, they want the facts, and they want to report it in the way that is trustworthy.

The CHAIR. Well, I think that is the key thing that struck me is that, when you have a pandemic like this, people want the local news.

Mr. SMITH. They do.

The CHAIR. They do not really—I mean, they are not as interested in what's happening somewhere else, as like, what is happening in our community. And they want it to come from a trusted source. They want it to be from somebody that, they believe, is in the community, is going to be straight with them.

I thought, to me, when we were falling behind in Yakima, because we were not doing enough—you know, so many in the community—General Mattis, who lived down the road, basically did his own thing to try to communicate to the community. Lot of people—I kept thinking, well, if we did not have the *Yakima Herald*, where would we be if we were not able to use that as a vehicle, at a time when the pandemic was roaring in that community? Where would we be if we did not have those vehicles of broadcasters and newspapers to communicate to them?

So, I plan to, Mr. Chairman, push this issue as it relates to this critical infrastructure investment we are making. I think news—local news, particularly, a trusted source is frayed beyond belief. And if we do not shore it up, at least until the legal battles play out with the tech industry, then we will be making a big mistake. So, I continue to appreciate this hearing, because I think it was a good diagnosis of how important local journalism was. And I think the critical infrastructure needs to be preserved.

Mr. SMITH. Thank you, Senator.

The CHAIR. Thank you.

Senator LUJÁN. Thank you, Chair Cantwell. Next I will recognize Senator Raphael Warnock for five minutes for questions. Senator?

**STATEMENT OF HON. RAPHAEL WARNOCK,  
U.S. SENATOR FROM GEORGIA**

Senator WARNOCK. Thank you very—thank you very much. As I talk to Georgians, especially from those in communities of color, they are excited to get the vaccine, especially after they have seen that their friends and neighbors are safe after receiving the vaccine. And they are saying they want these shots in their arms. The problem I hear over and over again is not of vaccine hesitancy, but of vaccine access.

Could I have one of the panelists speak to the barriers—what barriers do people of color face in getting vaccinated, and what steps should Congress take to ensure these communities can access vaccines equitably?

Dr. COLLINS. Senator I would be happy to be to.

Senator WARNOCK. Thank you.

Dr. COLLINS. Yes, thank you for the question. I think the barriers that are faced really relate to the vaccine providers and neighborhoods of communities of color. So, we have to look and see, do we have the Walgreen's or the CVS, federally qualified healthcare centers? Do we have doses at the actual offices—doctors' offices, for those communities?

So, it is really a matter of making sure, geographically, that as a state gets doses of vaccine, that they distribute those doses, and they reach areas of communities of color. And one of the things that we are doing here in New Mexico is, we are looking at our social vulnerability index. And where we have a high social vulnerability, we are ensuring that we are pushing doses to those areas, to reach those communities. Thank you.

Dr. RIVERA. Hi, Senator, I would like to add to what was just stated by Dr. Collins. So, another thing is that it is really important that we have clear communication about where to get the vaccine, and specific rollout plans by state, by local areas. So, audiences know exactly where things stand in their—in their community. In addition to that, continuing to address issues like, access to transportation, childcare—really understanding what those structural barriers are locally, and addressing those while also promoting a message about the vaccine efficacy and safety.

Mr. SMITH. And I would simply add, Senator, and I am sure in your campaign you were in many broadcast stations, radio and television, as I have been, and have been since. And in every—before every broadcast, there is a huddle of editors, of anchors, of reporters digging for the information that you are asking for, to get it to your constituents. They are hungry to have that information. They are anxious to report it. So, I do not think it is a lack of will, it is just we need the information from government. We will get it to the people.

Senator WARNOCK. So, what role do you think Trusted Partners play in this? I mean, there is the issue of access. You know, I come from, the faith community and I know that churches, for example, have stepped up. My own church is—is a site for vaccinations. Do you see this as a critical part of our approach?

Mr. SMITH. Senator, I have—in a pro bono sense, I served in one of the Senior Councils of the Church of Jesus Christ of Latter-Day Saints. So, I am very appreciative of the fact that the faith commu-

nities have a role to play here and can have great influence encouraging people to get vaccinated. And so, I know my own denomination is doing that. I believe yours is, as well, and I think that is very commendable. And ministers can help swat away these falsehoods that may be circulating on the internet, because they are also very trusted public figures, among our constituents.

Dr. RIVERA. Absolutely. I would like to echo that, and I would also like to say that having people on the ground that already have trust within communities is instrumental, because a lot of individuals are going to go to those people to access information. I have seen that in my work within the Latino community. I know that there are a lot of Latinos in Georgia. I used to work in Florida, directly with Latinos in Tampa. And community leaders were instrumental in getting the message out about cancer screenings, about cancer services, about education.

So, in this moment, where there is so much mistrust, leveraging and establishing those contacts with faith-based organizations, grassroots organizations, that are already trusted, is going to be instrumental in vaccine rollout.

Dr. COLLINS. I just want to say that I agree with the panelists and I do not want to restate what they have already stated. But I do know it is critical to work with our faith-based partners, our leaders, and we have a Trusted Voices campaign, in New Mexico, in which we are engaging those who have been vaccinated who represent communities of color, to be examples of the value of this vaccine.

Senator WARNOCK. Right. Thank you all so much for your work and for your insights.

Senator LUJÁN. Thank you, Senator Warnock. Next, I will recognize Senator Rosen for five minutes of questions.

**STATEMENT OF HON. JACKY ROSEN,  
U.S. SENATOR FROM NEVADA**

Senator ROSEN. Well, thank you, Chair Luján. Congratulations on your first hearing as Chair. Good to see you there, and of course, Ranking Member Thune for holding this important hearing today. And I want to welcome Senator Smith back to the Committee that, of course, he was once on and so, welcome back.

Mr. SMITH. Thank you. Thank you.

Senator ROSEN. I want to build on what Senator Warnock was talking about about trusted messengers. You know, it is critical, but we have to make the vaccination process as seamless, as transparent as possible, and that we meet people where they are.

You have been talking about faith-based communities, community partners. And that is why I am so pleased that a number of Nevada's key hospitality and gaming partners—our work force, our employers, they are including, and they are hosting in-house COVID-19 vaccination clinics, many including in our hotels on our Las Vegas strip. And so, it is especially important for our state, where our hospitality workforce is primarily Latino, and we know Latino communities, in both Nevada and across the country, have been so disproportionately affected by COVID-19.

So, Dr. Collins, can you talk about—can you talk about, in addition to our faith-based community, in addition to our community al-

lies and partners, what about our workforce partners? Employers, co-workers, what part do they play in helping to communicate reliable vaccine information to their employees and, of course, our communities as a whole? And how these in-house clinics, at large employers—like I said, our hotels on the Las Vegas strip—how it can alleviate the employees needs to make that time sacrifice, either to take off work or find the time to go to a remote clinic somewhere?

Dr. COLLINS. Thank you, Senator Rosen. It is a great question. And it is imperative that we partner with employers, so that—and either work with them to ensure that employees have time off to go and get the vaccine, or that the employer—that we set up a site near the employer, where the employee can get vaccinated.

So, it is really key, because we have to keep in mind, the people who, like you mentioned, who have been greatly impacted by this—this virus, is really a population that is working. And we cannot expect them to take time off from work and lose wages to get the vaccine.

So, we need to make sure that we are working with these employers, and we are doing so efficiently. And that the employer has good messaging to give to their employees about the value of the vaccine and how they can get access to it, and that it is free.

Senator ROSEN. Thank you. I would like to continue to build on access, because in Nevada, we are, like New Mexico, lots of remote, rural areas, hard to get to. And so, rural access, mobile units are really, really important. Over—about 10 percent of Nevadans live in rural and frontier counties. They are spread out across 87 percent of our state's geographic area. They are hard to reach populations. They often lack broadband. They often lack reliable cell phone service, other kinds of communication methods that are readily available in our urban areas. Nevada's nine counties, the third largest county by size, but only has 45,000 residents. And so, the Emergency Management Department, they have relied heavily upon word of mouth and to communicate information about the mobile vaccination sites.

So, Dr. Collins, I know in New Mexico you have some of the same rural issues that we do. How is word of mouth been leveraged in—to disseminate information, critical information about these mobile units, so we are sure that everybody gets their vaccine? Anyone who wants one, gets one.

Dr. COLLINS. Yes, and it is really word of mouth that has come through our community health brokers, our promotores, have gotten out into these rural areas to tell people about where they can get the vaccine, how efficacious it is. We also have partnered with pharmacies to get out to residents who cannot leave their home, to provide home vaccinations.

So, the word of mouth is key. The access is key. And it is really about making sure we are reaching those folks who may not have access to the internet.

Also, I want to thank our Governor because she is, you know, working to—she just signed a bill to really expand broadband access and Internet connectivity. So, we are really moving in the right direction in New Mexico.

Senator ROSEN. Do you have any other suggestions? Other things besides expanding broadband access, of course, is going to take some time. But how Congress—how we can maybe help reach some of those remote areas, and do a better job, particularly as we navigate through COVID and maybe there will be boosters that are necessary, or what have you, going forward.

Dr. COLLINS. I think that you have been very supportive of the American Rescue Plan. That is really helpful. It is a great start. But the idea is that, how can we get more of these mobile units out to these rural areas? We set them up so they can distribute vaccine. And how can we leverage existing infrastructure, to actually increase messaging to the very remote areas and the underserved?

Senator ROSEN. Yes. Thank you. I appreciate it. I look forward to working on all of this and I yield back, Mr. Chair.

Senator LUJÁN. Thank you, Senator Rosen. Next, I will recognize Senator Blumenthal for five minutes for questions.

**STATEMENT OF HON. RICHARD BLUMENTHAL,  
U.S. SENATOR FROM CONNECTICUT**

Senator BLUMENTHAL. Thank you, Mr. Chairman. Very good to be calling you, Mr. Chairman, I think for the first time, not for the last. And thank you for holding this hearing, which is so important to our state. And welcome, I would like to say, a former colleague, but I feel you are still here in spirit. Thank you—

Mr. SMITH. Thank you, Senator.

Senator BLUMENTHAL. For being here this—this morning.

Mr. SMITH. It is great to be here.

Senator BLUMENTHAL. I want to just say, right at the outset, how much I appreciate the role of broadcasters in my state, Connecticut. I, very simply, do not have enough time or words adequate to thank them for the public service they have provided in their reporting, in showing us the hardship and heartbreak, but also, the hope that we have in acts of kindness and caring and generosity, on the part of the Connecticut people.

Our TV and radio stations have been airing programs in Spanish, as well as English, that show us a side of this pandemic that otherwise would have been completely lacking. And they have performed an enormous public service in informing the public about the precautions that are necessary. The commonsense steps that will save lives. They have spoken truths to the people of Connecticut. They have spoken truth to power and, we all know that that is particularly important in encouraging people to listen to scientists, to get vaccinated, to follow not only their cautious and caring instinct, but also to follow the facts.

Most broadcasters and newspapers have done reporting during this pandemic that has addressed the misinformation, and they have helped to change lives. So, I really am very, very grateful to the broadcasters, to the media, to our newspapers that you represent, Senator Smith. And I know I have spoken about the efforts to promote valid information.

What I would like to ask you is, how will local media ramp up in the future, their efforts to promote trust in vaccines, especially at this moment, when the inclination may be, after the Johnson &



Johnson pause to avoid it? States are opening up appointments to all adults, and I wonder if you could reflect on what more I can do, as a public official, and others can do in our state of Connecticut, to support these local media efforts?

Mr. SMITH. A little, round the corner kind of answer, Senator. I appreciate you recognizing Chairman Luján. He sits in the seat of my cousin, Tom Udall.

And one of the things I love about being a broadcaster, I learned at the knee of my Udall mother. Now when you are weaned from a Udall mother, you have an ethic of public service. And what I find among broadcasting, and why I am so proud to represent them, is there is this heart of a public servant, still in this, the fourth estate of our democracy. And we are hungry for the facts. And even when they are not what we hoped for, like the J&J announcement, we want to disseminate what is true and what people can count on.

And as a consequence, we have put out hundreds of millions of dollars of advertising, and we are thankful for the efforts of the government to assist in its own advertising. It helps keep us alive and journalism and localism alive. And we are certainly involved with the Biden Administration in the COVID collaborative, which has just been organized. And we are a part of the delivery system of that.

But I think, to your point earlier, you get people one at a time. And so, everything is—Tip O'Neill said, "All politics is local". It is really true with this. It is one person at a time, giving them what is truthful and factual, and that they can rely on, with—and also, induce some sense with true facts. There is hope at the end of this tunnel. There is light.

And there are lots of advantages, far outweighing risks, to getting the vaccine, for themselves, for their loved ones, for their neighbors. It is part of how you keep the second great Commandment to love your neighbor, is to do what you can to be healthy yourself, and helping others to stay healthy, because they have a relationship with you.

And so, every newsroom, that I represent, is anxious for the facts, and to deliver them locally. Because that is where, survey after survey shows, it is trusted.

Senator BLUMENTHAL. Thank you. One last question. I know there has been misinformation on social media—

Mr. SMITH. Yes.

Senator BLUMENTHAL.—which broadcasters have helped to counter. Have you efforts, in terms of the Spanish speaking viewers that broadcasters have, to counter that kind of misinformation that may be on social media?

Mr. SMITH. Yes, and as has been pointed out by some of the other witnesses, there really does need to be, from broadcasters—you know, Hispanic radio is very alive and healthy in this country. And Hispanic television, and Hispanic anchors, to make sure that we cover all the ethnicities, all the diversity that is the pluribus, out of the one, Nation that we have.

And so, we are anxious to fill in these gaps to help treat everyone in a way they need to be treated, in order to be treated equally. And so, it takes a real effort. And on the part of government, it

takes persistence to use, not just a few of broadcasting's tools, but all of its stations, to make sure, with a little more effort or a little more labor or a little more patience, a little more time, we get the water to the end of the row, and everybody included.

Senator BLUMENTHAL. Thank you. Thank you, Senator Smith. Thank you to all of our witnesses. And thank you, Mr. Chairman.

Senator LUJÁN. Thank you, Senator Blumenthal. Honored to have you here today. Next, I will recognize Senator Sinema for five minutes for questions.

**STATEMENT OF HON. KYRSTEN SINEMA,  
U.S. SENATOR FROM ARIZONA**

Senator SINEMA. Well, thank you, Mr. Chairman. And I want to thank our witnesses for joining us today.

My top priority for the last year has been working with local, state, and Federal partners to keep Arizonans healthy and safe from the pandemic. Today's hearing addresses a crucial issue: making sure that Arizonans have accurate, effective, and evidence-based information about the vaccines and opportunities to get vaccinated. I look forward to working with my colleagues on this committee to develop bipartisan solutions, to address this ongoing challenge, as we continue to help Arizonans get vaccinated.

My first question is for Dr. Rivera. Your testimony encourages partnering with local organizations and trusted community leaders on public health messaging campaigns. In my state, we have seen successful collaborations between the University of Arizona, the Arizona Telemedicine Program, and community health providers in leading free webinars. These are open, virtual events where people can ask questions and receive answers from public health experts from their own communities. And these webinars focus on two medically underserved populations, working with leaders in Latino and Tribal communities.

We have also seen effective messaging from everyday Arizonans, who shared their stories and reasons for getting vaccinated. These stories are often deeply personal, and they speak to shared experiences or fears. Can you speak more about the kinds of training that community messengers, professional and non-professional, may need to successfully deliver effective, evidence-based vaccine messages?

Dr. RIVERA. Thank you so much for that question, Senator Sinema. In my experiences as a previous community health educator, it is crucial that those of us that are promotores, that are developing train the trainer programs to further educate other lay workers about how to reach communities, that that needs to continue to happen, to get funded, and to be built within sustainable infrastructure. So that once the program is done, or funding is done, those infrastructures are still in place. So, that is incredibly important.

I also think that it is important to look at how we can train these lay workers, or other community leaders that are delivering information, on digital health literacy, on how to share narratives, how to share other types of corrective messages within the community where they are. Whether that be in person, whether that be

through different social media platforms, those are things we are looking to do in research now.

This is an issue that we are still trying to understand. We still need to continue to find what the most effective ways are and evaluate them for future—right, for future health and health communication initiatives. But those are the things that we need to do. We need to make sure that we are building infrastructures, where we are training these individuals on the things that they are going to be delivering in the community.

But I want to commend you for all of the things that you have been doing within your state, because those are exactly the things that we need to be doing to reach the people that need it the most.

Senator SINEMA. Well, thank you. My next question is for both Dr. Collins and Dr. Rivera. There have been concerns from public health leaders and community organizations in Arizona, when vaccine information and registration websites were launched in Arizona, without making the same information available in other languages, or in accessible formats. What is the impact and message we are sending to vulnerable communities, people for whom English is not their first language, or people with disabilities, when essential public health information is not readily accessible for underserved communities until many weeks later?

Dr. COLLINS. And so, thank you for that question. What I will say is that, for our online portal, we provided that in English and Spanish. And also, we setup a call center for folks who do not have access to the Internet and that is available in multiple languages. We have also partnered with our aging and long-term services to make phone calls to seniors who may not have access to the Internet or may not feel comfortable accessing it.

So, it is huge that we do not send the message that you do not matter. That, in fact, you do very much matter and that is why we are not going to rely on one mode of communication.

Dr. RIVERA. I will echo what Dr. Collins just said. It is really important that we have, not only information that is in multiple languages, but that it is at a literacy level that the audiences can understand. That it is on devices and in formats that are easy to navigate, right? Where they know exactly where to click to find the information that they need at the moment.

And it just gets back to the importance of clear, transparent, accurate, culturally tailored content that is going to allow people to make informed decisions and know where to get access to, in this case, vaccinations. But in the future of public health—any kind of public health access.

Mr. SMITH. I might add to their excellent answers, Senator Sinema, that Univision, one of my excellent members, has provided Spanish language materials, where before there were none. They are staffing a hotline, helping people to sign up for shots, and they are putting native Spanish speakers on TV and radio to share accurate information in the Spanish language.

Senator SINEMA. Well, Mr. Chairman, I see my time has expired and I yield back. Thank you.

Senator LUJÁN. Senator Sinema, thank you so very much. And we are just waiting on one other Senator to come to the hearing room to ask some questions. And while we are waiting for that ar-

rival, Dr. Collins, in New Mexico, our retailers and businesses getting information to employees and providing time to get vaccine has been a critical part of getting vaccinated. The Retail Industry Leaders Association and its members have been important partners in this effort. Secretary Collins, can you expand upon working with businesses, big and small, in New Mexico and why that is important across America?

Dr. COLLINS. Yes and thank you for the question. It is very important that we work closely with the businesses. That they understand, they have facts about the vaccine. They understand the importance of messaging to their employees, and that they are really supporting their employees to get vaccinated.

So, working with my fellow secretary, Mr. Kenney, we are really trying to create a very seamless approach for DOH to get vaccines to these employers, or to at least set up mobile units, so that their employees can go out quickly, get vaccinated, and then, just return to work without suffering a loss of wages.

Senator LUJÁN. Thank you, Dr. Collins. Dr. Rivera, Senator Klobuchar shared a concern with, especially, 12 people who seem to be the influencers of spreading a lot of that misinformation on social media. We also know that it is not contained to social media. That there is also spreading of misinformation even on cable networks.

What has your research shown about the importance of stopping the spread of misinformation? We have talked a lot about the importance of getting facts out. I mean, that is the goal. But there is also a responsibility to stop the spread of misinformation. What does your research show there, Dr. Rivera?

Dr. RIVERA. Yes, absolutely. Thank you for that question. There was—there was an example from my research that I want to share because it really hones in this point that this is not just about COVID. It is not just about the pandemic.

I was interviewing a Latina in Florida and we were talking about a post that she had engaged with. It was a video from a Hispanic individual who was claiming that mammograms cause cancer. And in response to the fear that that video created to her, she called her doctor, and she canceled her mammogram. She had it scheduled for a few weeks after and she called and she canceled, just in case.

So, these—these platforms and the misinformation that is there, has negative repercussions. And it is really important that we are, particularly with health misinformation and disinformation, but we are establishing ways where we have multiple people, interdisciplinary work at the table. Multilingual work at the table. To be able to address what it is, and what qualifies as something that really needs to be monitored, regulated, and taken down? Those are very complex issues.

As I mentioned before, we are still looking to see what the most effective ways are. But we need to have all of these people at the table to have these very difficult conversations, and have a neutral, non-partisan way of identifying recommendations and guidelines that can be applied across the board.

Senator LUJÁN. Dr. Rivera, I very much appreciate your response to that. The profoundness of the example that you use, which is a

Latina that canceled her mammogram appointment, is that this responsibility extends much further than with the world we are living in now, and the attention around COVID and vaccinations. This is about healthcare. And in every other aspect, where there can be spreading of misinformation that can make someone less healthy, cost someone their life, and even prevent someone from getting a regular screening or a checkup that is part of our daily health. And it only puts an exclamation point on the work that we have left to do in this particular area. Very much appreciate that, Dr. Rivera.

Senator Smith, in the work that you have done, not just in your role as a public servant, but now with the Association of Broadcasters, getting those diverse voices—I know, as I said earlier, it has been a priority of yours. There was a meeting that we recently had with the Congressional Hispanic Caucus about increasing diversity, whether it is on boards or, as you said, with anchors or even managing stations across the country. What are your thoughts there with those growing efforts? And how that also helps to make sure that the American people are seeing themselves, and hearing themselves, if you will, on radio, and on television, and in print?

Mr. SMITH. I do not know that we have any other higher priority at NAB than to try to increase diversity. I do not know whether you are fully apprised of some of the efforts we have with our—our Education Foundation, or leadership training programs, which specifically, use expert resources and bring in women and minorities and—to a course that is very esteemed by my members. And they hire out of that. And to the degree that we have ownership of diversity in broadcasting and management and anchors. It is coming out of that program.

But there is so much more that we can do and want to do. And again, it is not a want of will. It is a want of access to capital that some of these who would be broadcasters, simply do not have. And that is why the Minority Tax Certificate Program really should be put back in place. And that is the help that we need because you will find a lot of helping hands reaching out from broadcasters to people of color, of diversities, ethnicities of all kinds.

We want to represent what America is, what America look like. And out of many, one.

Senator LUJÁN. I appreciate that, Senator Smith. It is a program that I have gotten a chance to learn more about and appreciate the talented voices and the diverse voices that have been part of that effort across the country, including some fellow New Mexicans.

Mr. SMITH. Yes.

Senator LUJÁN. And appreciate what I have learned from them about the effectiveness of that particular program. So, thank you for that and hope that that is something that we can grow across America.

Mr. SMITH. Absolutely.

Senator LUJÁN. With that being said, I now want to recognize Senator Cruz for five minutes for questions.

**STATEMENT OF HON. TED CRUZ,  
U.S. SENATOR FROM TEXAS**

Senator CRUZ. Thank you, Mr. Chairman. Welcome, good to see you again.

Mr. SMITH. Thank you, Senator Cruz.

Senator CRUZ. More than 120 million Americans have received at least one dose of a COVID vaccine. The fact that so many Americans have been vaccinated against a highly transmissible virus, less than 15 months since the pandemic began, is nothing short of a medical marvel.

Mr. SMITH. Yes.

Senator CRUZ. Operation Warp Speed, founded on May 15, 2020, was an incredible success and I am grateful to the scientists and the public health experts involved in the task force, who contributed to the development and the distribution planning of vaccines. One of the biggest hurdles to overcome is inspiring confidence in individuals in certain communities to get the vaccine. How effective do you believe public officials are at inspiring confidence in individuals to get the vaccine?

Mr. SMITH. Senator, I am not here to criticize anybody, but I will tell you—and I—in this answer, I want to speak as just an American citizen, not necessarily for broadcasters. But I know Sharon and I were very anxious, because we are approaching 69 years of age, to get vaccinated. So, we worked really hard at it, trying to get online, and it was not easy here in DC, but we did. And the motivator was, we could return to normal. We could be hopeful.

That hope was a big—I think, the great passion America has right now that, to the degree that public officials can be consistent in their messaging, that this gets you and your loved ones out of danger of death, at a minimum, and a real chance at return to normalcy, I just think that that sells. And so, to the degree that hesitancy is developing outside of false information on social media, if it is developing because you take away the incentive to go get a shot, then I think—I think we make a mistake, as government, by sending mixed messages.

Senator CRUZ. Well, I—I agree with you. And I have been vaccinated. My wife, Heidi, has been vaccinated. My parents have been vaccinated. I certainly encourage people to get vaccinated.

But I also think, over the past year, the conduct of many Democrats, and the conduct of much of the media, has been very counterproductive. That we have seen Democrats in the media playing politics with this pandemic. We saw, then Senator, Kamala Harris saying, “She would not trust Donald Trump if a vaccine were developed before the election”. We saw New York Governor Andrew Cuomo saying “he did not trust President Trump or the FDA, saying he did not have confidence in them to develop a vaccine.” Candidate Joe Biden said, “I trust vaccines. I trust scientists. But I do not trust Donald Trump, and, at this moment, the American people cannot either.” That was misinformation. It was deliberate misinformation.

And unfortunately, the media was more than happy to suit up in this partisan battle to also mislead the American people. For example, in October, President Trump said that every American would be able to get a vaccine by April. We are in April right now.

CNN, home of self-declared purveyors of truth like Brian Seltzer and Chris Cuomo, declared, that is not likely. Well, CNN was full of crap. They were misleading the American people and they were doing it because it was October of an election year, and they did not want people to think they were going to get a vaccine.

Or take the case of Amber Athey, the Editor at the *Spectator* who said, “Trump was universally panned by the media for saying a vaccine would be coming by the end of the year”. When in fact, a vaccine came by the end of the year. Or take the case of the *Miami Herald*, which quoted, “scientific experts”, as saying, regarding a COVID vaccine being approved in the late Fall of 2020 that, “There is no way that is happening, at least not with a vaccine that has proven safe and effective”. I wonder if the *Miami Herald* has apologized to its readers, who they misled and misinformed.

Tens of millions of Americans have now received a vaccine that the media and Democrats told the American people, over and over again, would not be available. That misinformation was harmful. What effect, in your judgment, does this kind of political rhetoric, undermining confidence in a vaccine, that came through media outlets across the country—what effect do you think that has in the American people’s confidence in being able to take a vaccine that will work?

Mr. SMITH. Well, as I hear you articulate the question, Senator, I am reminded of the rough and tumble of my own campaigns and a lot of things are said that you would not want to say in a non-campaign environment. But I am as gratified that the sources you were criticizing were not specifically broadcasters. In fact, they were newspapers and cable.

And what I have been trying to focus on here today is—and I think I can honestly say I have heard from Chuck Schumer to broadcasters, and even Mitch McConnell in different broadcast settings, say something to this effect. I know when I want just to talk to my constituents. When I do not want to be spun, or whatever, I just want a clarity of an opportunity to talk, I can go to my local radio and TV broadcasters and they get it through.

So, what I have been saying this morning, in relationship to COVID vaccinations, is that we are anxious and hungry for the facts. I am talking about, you know, your newsroom in San Antonio. They are not going to spin you. They do not want—they just want to serve their community and your constituents.

So, I think, rather than focusing on criticizing or making any enemies here this morning—because that is not why I am here. I am here to spread hope and make clear the incredible platform that broadcasting—local broadcasting, radio and TV, have to get the facts out that you need them to have, and so that your constituents can be safe.

Senator CRUZ. Thank you.

Senator LUJÁN. Thank you, Senator Cruz. I want to thank all of our colleagues who participated in today’s hearing, to all of our panelists, as well. And as I conclude today, look, we have heard from witnesses about the massive national effort to fight the COVID-19 pandemic. So much hard work and funding has gone into making sure everyone has access to reliable, timely information from sources they trust. But it only takes a single thoughtless

moment for someone on social media, television, or radio to undermine that trust. Decades of work put in jeopardy, in only a few seconds.

By now, we know that vaccines work. Over 120 million Americans have been vaccinated and the end is in sight. Yet, many major stations are still airing content that undermines our effort to get back to normal. And I want to continue where my colleague left off. Just this last Tuesday—Tuesday evening, Tucker Carlson said, on a national cable television that, “Maybe the vaccine does not work, and they are simply not telling you”.

I pose the following question to the panel, as we close the hearing today. Does airing a statement like that bring us closer to defeating this virus and getting back to our lives? Secretary Collins, yes or no?

Dr. COLLINS. It does not. I mean, we really—the vaccines are efficacious and so, we need to make sure the public realizes that. That we can prevent hospitalizations and deaths by getting those vaccines.

Senator LUJÁN. Dr. Rivera?

Dr. RIVERA. I agree, and it is important that we are delivering clear, transparent, and accurate information, so everyone is able to make an informed decision about vaccine safety.

Senator LUJÁN. Senator Smith?

Mr. SMITH. Broadcasters want to put out over the airwaves what is true.

Senator LUJÁN. I appreciate that. And look, I hope Tucker Carlson just cuts it out. Enough with this nonsense. And anyone else that is out there spreading this misinformation, stop. You are hurting people. You are costing people their lives. And just as much as we want to see investment in getting accurate information out, we also want to see the stop of spreading of misinformation.

So, Senator Smith, thank you for being here today and your testimony to say trust your local sources. Everyone simply wants the facts, accurate information, not spin. And that is what I appreciate from those efforts and those commitments across the country. Make sure they have the facts, the importance of what we did today.

I want to urge everyone out there that has a responsibility, to take a look at those organizations and just stop this stuff. You know, you all huddled before these shows start. Stop them.

Now, as I close here, I just want to thank the witnesses for this productive discussion. And the hearing record will remain open for two weeks, until April 29, 2021. Any Senators that would like to submit questions for the record, for the witnesses, should do so by that date. We ask that your responses be returned to the Committee by May 31, 2021.

That concludes today’s hearing. Thank you again to everyone.

[Whereupon, at 12:03 p.m., the hearing was adjourned.]



# A P P E N D I X

## PREPARED STATEMENT BY THE AD COUNCIL

### INTRODUCTION:

Thank you to both Chairman Luján and Ranking Member Thune for the opportunity to submit written testimony that outlines the Ad Council's efforts to educate and inform the American public about the COVID-19 vaccines. COVID-19 has killed more than half a million of our fellow Americans. To prevent the loss of hundreds of thousands more lives, our Nation needs extensively researched, customized and data-driven communication efforts to boost vaccine confidence and help address the misinformation and confusion that are driving vaccine hesitancy. The Ad Council is doing just that.

The Ad Council was founded as a national nonprofit in 1942 on the promise and potential of the communication industry's capacity to do good. We have a long history of working across the public and private sectors to spur behavioral change. We are behind well-known PSA campaigns such as "Smokey Bear," "Love Has No Labels" and "Friends Don't Let Friends Drive Drunk."

In times of crisis, the Ad Council has led similar programs before. In the 1950s, the U.S. Public Health Service and the American Medical Association recruited the Ad Council and the industry's creative and media talent to assist in the drive to convince Americans to take the polio vaccine. Today, thanks to widespread vaccinations, the disease is virtually nonexistent.

We've also recently demonstrated the incredible power to mobilize the industry against COVID-19. Over the past year, we've launched an unprecedented, multi-pronged COVID effort, working with multiple creative agencies to disseminate life-saving information to the public. In addition to essential social distancing messages targeting at-risk, general market, young adults, parents, and Black Americans, we've also distributed campaigns on bias, plasma donation and mental health/coping. *Collectively, these efforts have resulted in \$462.4 million in donated media, 66.2 million engagements and 33.6 million visits to coronavirus.gov (as of 4/20/21).*

We recognize the arrival of the vaccines mark the onset of another momentous public health messaging challenge. We are meeting this moment with the most ambitious effort in our nearly 80-year history: More than 500 major brands, media companies, community-based organizations, faith leaders/organizations, medical experts and other trusted messengers are supporting the campaigns designed to reach distinct audiences.

### THE CHALLENGE:

Last fall, with the promise and prospect of the COVID-19 vaccines, we knew we faced a huge communications challenge to address misinformation, questions and hesitancy.

Various surveys and research revealed that many Americans reported they would *not* get the vaccine, revealing alarming gaps that would prevent the country from achieving the roughly 70 percent coverage rate needed to get the Nation back on track.

We identified four formidable communications challenges that would need to be addressed:

*We needed a massive and unified communications effort to the public.* A national vaccination program involves three components: 1) vaccine development and FDA authorization or approval; 2) manufacturing and distribution; 3) vaccine uptake by the public. While substantial funding, innovation and planning had been invested in the first two components, the Ad Council identified the need for unprecedented public-private sector efforts to address the third component.

*We needed to overcome multiple and complex attitudes and behaviors.* COVID-19 vaccine hesitancy and resistance is highly complex, with many factors coming into play, including fear, distrust, confusion, misinformation and complacency.

*We needed tailored messages to multiple audiences:* There is no single “vaccine hesitant” mindset. It’s clear that a “one size fits all” campaign, with a “we’re all in this together” message, is unlikely to gain significant traction.

*We still needed messaging as part of a comprehensive approach to defeat COVID-19, such as masks:* We knew that mask wearing would remain critical for many months to come. Depending on the efficacy rate of vaccines, a significant proportion of those vaccinated will remain vulnerable to infection. Therefore, we knew we would need an unprecedented public commitment to getting vaccinated and wearing a mask.

We kicked off this unparalleled effort by joining forces with the *COVID Collaborative* to activate their bipartisan network of leaders in public health, education, the business community and more. Our goal was to quickly tap into the cutting-edge expertise and talent across all sectors. The Ad Council would leverage its deep relationship with the media, creative agencies, insight and analytic firms, corporate brands, social platforms and influencers. The COVID Collaborative would leverage the leading experts and institutions across health, education and the economy.

The intent was to build a unified, coordinated communications campaign in partnership with every sector (healthcare, insurance, pharmacies, education, corporations, state/local public health departments, academic institutions, faith-based communities, communities of color, community organizations, media, tech, etc.), which would allow us to have exponentially more impact than a patchwork response.

Together, we are coalescing the public and private sectors to deploy the campaign: state and local health departments, governors and mayors, K–12 schools and universities, faith-based communities, medical associations and hospitals, healthcare industries, insurers, pharmacies, corporations, nonprofit networks and community organizations.

Throughout our efforts, we have consulted closely with our longstanding partners at HHS and CDC, who provided insights and scientific review of all aspects of our efforts.

#### **OUR RESEARCH EFFORTS & FINDINGS:**

Back in the fall, we conducted extensive research and in-market testing to develop audience profiles and multiple creative briefs as fast as possible. We knew we didn’t need more generic hesitancy research—we needed to pinpoint messaging that would best resonate with vaccine hesitant individuals so we could be in-market as fast as possible. This initial formative research phase helped us uncover:

- What is the state of knowledge and attitudes about COVID vaccination among key audiences?
- What are the most persuasive messages with key audiences?
- Which audience segments need to hear which message? How granular can we be?
- Who are the trusted messengers who can help deliver those messages?
- How do people respond differently across demographics, psychographics, and geographies?
- What language choices could benefit the entire movement (*i.e.*, “Immunization” vs. “Vaccine”)?

By relying on real-time testing and analytics, we could then develop relevant and engaging content and optimize results through an iterative test/learn/scale approach. Our research, in addition to guiding our initial message testing, would also serve as the core analytic resource for the entire effort so that we could create our multi-prong campaigns via ongoing, real-time testing and optimization.

The Ad Council and COVID Collaborative felt strongly that we should share any of our insights with others working on vaccine education in an “open-source” approach. That is, we synthesized our research and created six online toolkits for grassroots, local, state and national partners. These toolkits were created for the public health community, Black community, Hispanic community, Black faith community, Hispanic faith community and the corporate sector. They include customized resources such as core insights, creative briefs, messaging tips and customizable creative and digital assets for each audience. Links to these toolkits can be found [here](#).

Our research and data-driven approach was guided by these principles:

- *Research that’s additive:* The Ad Council deeply reviewed and synthesized the vast array of research that had been conducted on vaccine hesitancy among different audiences. We did not pursue or conduct additional research in this area. Rather, we sought to rapidly identify messaging frames and creative that will

overcome hesitancy, dispel misinformation and inspire individuals to get the vaccine.

- *Unified communications strategy:* To effectively educate and motivate the public to get the COVID vaccine over the next year, we wanted to build a united front: one with cohesive, multipronged communications that is built on rapid consumer insights and agile testing to ensure impact.
- *Phased approach:* Our campaign would be timed to be in sync with the supply of vaccines and focus on priority audiences in a phased approach.
- *Building trust:* The campaign would focus on diminishing hesitancy and building confidence and trust, driving key audiences to get more information from a science-based resource as the call-to-action.
- *Rely on trusted messengers:* Our entire communications effort would rely on research-based messaging with trusted messengers (*e.g.*, healthcare providers, faith leaders, etc.) who have credibility in local communities with our target audiences. We would not rely on one single message or campaign. The campaign goes well beyond pre-produced PSAs to include tools, messages and content for influencers to use in their communications and channels.
- *Science and data will drive everything:* The COVID Collaborative brought the expertise of its scientific advisors to advise on all aspects of this effort, including insights/research, target audiences, deployment and evaluation.
- *Rapid response:* We would utilize a rapid response “war room” strategy to combat misinformation in real-time and leverage micro-influencers, especially in communities of color (partnering with already existing groups that have sophisticated technology and practices to monitor and combat vaccine misinformation in real-time.)

Specifically, we worked with a number of best-in-class partners to build what we called our “Communications Insights Engine” which can be found in *Appendix A*.

#### MESSAGING INSIGHTS:

Broadly, our research indicated that Americans’ hesitancy across all demographics is driven by three primary areas where information deficits and misinformation exist:

- Concerns about *safety and side effects* from COVID–19 vaccination, driven by the speed of the clinical development process and the vaccines’ novelty.
- Lack of *knowledge*.
- *Distrust* in the *political and economic motives* of the government and corporations.

Knowing these barriers, we then synthesized our research into the following messaging guidelines:

- *Lead with empathy.* Respect people’s hesitancy and acknowledge that it’s okay to have questions. Avoid condescension, lecturing, negativity and guilt mongering.
- *Facts about safety are important.* Don’t just say, “The science is solid.” Explain why vaccines are safe, despite the fast timeline of development. Information needs to be clear, honest and presented in plain language.
- *Emotional triggers are important.* Highlight how vaccinations are a pathway to helping us get back to the moments of human connection that we are all yearning for.
- *The messenger is just as important as the message.* Most people who are hesitant to get vaccinated are open to listening to a wide variety of messengers whom they trust, but they want to receive information about COVID–19 vaccines from credentialed health experts. They are also open to hearing personal testimonials.
- *Recommended messaging tone:*
  - Should be welcoming, personal and authentic.
  - Provide a safe space that’s focused on dialogue, not debate.
  - Leverage emotional touchpoints to remind people about those moments of human connection once we get past COVID–19.
- *Specific insights regarding Black Americans:*

- Understandable distrust is especially salient because of medical and government mistreatment (*e.g.*, Tuskegee experiments) that has contributed to cultural trauma.
- Many often feel excluded from other health-related discussions, so Black Americans tend to question just how open, diverse and transparent vaccine conversations will be.
- We also felt it was important that our communications acknowledge long-standing health equity disparities and vaccine supply issues and therefore messaging should not be framed this way nor imply that vaccination uptake rests entirely on Black Americans' shoulders.
- *Specific insights regarding Hispanic community:*
  - Messages should lead with empathy and acknowledge that a desire to learn more and ask questions is okay. People want to know the vaccines are safe and that the benefits outweigh the risk.
  - Questions and concerns around vaccine accessibility were a theme.
  - Compared to the other groups, Hispanics were more receptive to messages from voices within their inner circle such as neighbors, their mayor and posts by people they follow on social media.
  - Institutions like the Centers for Disease Control and Prevention carry credibility, but for Hispanics, it may be best to focus on trusted experts rather than institutions. We also found that faith in government and the pharmaceutical industry was lower among this demographic.

You can view our full audience profile snapshots and messaging recommendations (for General Audiences, Black Americans and Hispanic Americans) on our *six different toolkits*.

In addition, we recognize the need to reach the Asian American, Native Hawaiians, and Pacific Islanders communities as well as Native American communities. Specifically, we are working with the CDC and HHS and other organizations that are leading efforts in this space to help amplify their work, including collaborating with Urban Indian Health Institute (on toolkit materials), the Asian and Pacific Islander National American Forum and the COVID Collaborative (on consumer research and toolkit materials). Finally, we are working with the Asian-American Advertising Federation (3AF), to inform best practices, cultural resonance and create media partnerships targeting the AAPI vaccine hesitant community.

#### **THE CAMPAIGN'S "IT'S UP TO YOU" CREATIVE PLATFORM:**

Knowing the high rates of hesitancy and need to boost vaccine confidence, our campaign is designed to target the undecided segment of the population who are taking a "wait and see" approach. Specifically, we define this "movable middle" as those who range from "skeptical" to "open but uncertain." That is, we are not targeting those who are firmly pro or anti-vaccine, but rather those individuals who have questions and reservations. These are people who are seeking tangible evidence from trusted sources that the benefits outweigh the perceived risks of vaccination.

The Ad Council's model is unique in that for all of our campaigns we tap the pro bono talents of the Nation's leading agencies to create our campaigns. For this effort we initially tapped *Pereira O'Dell* to help create our umbrella campaign, knowing that it needed to not only unify all of our creative efforts but also offer the flexibility for multiple creative agencies, influencers, media platforms, and brands to run with it and make it their own. In addition, *Pereira O'Dell* collaborated with *Alma DDB* and *JOY Collective* to ensure that the platform was culturally relevant and could be customized for key audiences, particularly Black (Joy Collective) and Hispanic (Alma and Pereira O'Dell) audiences most impacted by COVID 19.

This unifying platform, "It's up to You" (or "De Ti Depende" in Spanish) aims to reduce vaccine hesitancy by empowering people to get the answers they need, overcome misinformation and make an informed decision to protect themselves and their loved ones. It serves as the roadmap for all of the campaign's creative, based on these six mandates:

1. Appeal to people's desire to protect their loved ones.
2. Respect people's independence and urge them to make an informed decision.
3. Lead with empathy and respect that people have real questions or concerns.
4. Gain trust by being honest and transparent.
5. Remind people of the desire to get back to life and missed moments like visiting family and friends.

6. Welcome people's questions, and point them to trusted sources and messengers.

We tested this creative platform and found that it succeeded in motivating vaccine hesitant individuals with its positive, yet realistic tone and it's pairing of the rational information with the emotional side of the moments we all miss.

To bring this idea to life, we worked the campaign's three creative agencies (Pereira O'Dell, JOY Collective and Alma DDB) who have extensive multicultural expertise: That's because we knew there was not a single "vaccine mindset" and were mindful of the outsized impact of COVID on communities of color, so we launched distinct creative for the general public as well as tailored efforts to Black and Hispanic communities. Our work for the Black and Hispanic communities was vetted by a diverse group of experts and organizations including the NAACP, Black Coalition Against COVID-19, Color of Change, National Urban League, UnidosUS, *Salud America!*, National Hispanic Medical Association and faith leaders in the Black and Hispanic community.

We also created a comprehensive website, driving audiences to *GetVaccine Answers.org* (*DeTiDepende.org* in Spanish), a site which poses and answers some of the top questions from vaccine hesitant individuals. Vetted by experts at the CDC, HHS, FDA and COVID Collaborative, content on the website is available in seven languages (English, Spanish, Simplified Chinese, Korean, Russian, Haitian Creole and Vietnamese) and is continually updated as new information and data become available.

Since the launch of our campaign (late February, 2021) with advertising in all media formats (English and Spanish assets), the Ad Council campaigns rely primarily on a donated media model to drive impact. This initiative—due to the enormity of the challenge and the short time window for success—is also tapping on paid programmatic supplemented by donated, owned, and earned media across thousands of media platforms and properties. To do that, we secured the pro bono resources of Dentsu Aegis (multinational media and digital marketing communications company) to develop a communications architecture and media strategy.

This strategy is driving our media outreach for the assets the Ad Council is directly producing as well as for our partners who are producing their own platform-specific assets. Leading brands, media companies and social platforms are developing custom content and donating media to extend the "It's Up to You" message, connecting their audiences with crucial and vetted information about the COVID-19 vaccines.

We've formed partnerships with varied brands and organizations including, but not limited to:

- Adobe
- American's Health Insurance Plans
- American Heart Association
- American Medical Association
- Amazon
- Apple
- Bank of America
- BIN: Black Information Network
- BNY Mellon
- Budweiser
- Business Roundtable
- Cisco
- Citi
- Complex
- CVS Health
- Enthusiast Gaming
- Facebook
- Ford Motor Company
- FOX
- General Motors
- Google/YouTube
- Holler
- Honeywell
- Humana Foundation

- iHeartMedia
- JPMorgan Chase
- LinkedIn
- Match Media Group
- Meredith Corporation
- NBCUniversal/Comcast and Telemundo
- New York Life Foundation
- OWN
- Pandora/SiriusXM/SoundCloud
- PatientPoint Health Technologies
- Pinterest
- Reckitt
- Reddit
- Salesforce
- Sesame Workshop
- Snapchat
- Spotify
- Stanley Black & Decker
- Synchrony
- Target
- TikTok
- Twitter
- Twitch
- Unilever
- Univision
- ViacomCBS, including BET
- Verizon
- Walgreens
- Walmart
- Walt Disney Television
- WarnerMedia
- Wells Fargo
- What If Media

In addition, our industry's major trade associations have joined forces to drive an industry movement around the Ad Council-COVID Collaborative's campaign. Each association is developing innovative ways to promote the campaign in ways that resonate with its industry in support of the "It's Up to You" message. They include: The Association of National Advertisers, Alliance for Inclusive and Multicultural Marketing, American Advertising Federation, American Association of Advertising Agencies, Interactive Advertising Bureau, Internet & Television Association, Licensing International, Mobile Marketing Association, National Association of Broadcasters, News Media Association, Out of Home Advertising Association of America, Radio Advertising Bureau and the Television Bureau of Advertising.

Finally, we are funding this massive effort by tapping the generosity of the private sector. Leading contributors to date include *Amazon, Apple, Bank of America, Cisco, CVS Health, Facebook, General Motors, Google and YouTube, Humana Foundation, NBCUniversal/Comcast, Reckitt, Salesforce, Verizon, Walgreens and Walmart*. Significant contributions have also been provided by *Adobe, America's Health Insurance Plans (AHIP), American Heart Association, American Medical Association, BNY Mellon, Budweiser/Anheuser-Busch Foundation, Business Roundtable, Citi, Ford Motor Company, Honeywell, JPMorgan Chase, New York Life Foundation, Stanley Black & Decker, Synchrony, Target, Unilever, Wells Fargo and ViacomCBS*.

#### **OUR "GROUND GAME":**

Recognizing that the "who" behind our communications is just as important, if not more, than the content of the messages themselves, we kicked off our "ground game" strategy.

This is an intensive ground game of partners and trusted community-based organizations who are critical to ensuring our messages reach local communities and build trust and transparency given the high degree of misinformation and rapidly changing updates about the vaccines that will be distributed.

We are building this ground game in three ways:

1. We have launched separate coalition-building programs targeting different audiences: Black communities, Hispanic communities, faith communities, conservative/rural communities, the corporate sector and more recently, young adults and parents. Our goal has been to provide various platforms to facilitate culturally relevant conversations within each of these communities on COVID-19 vaccines, leveraging trusted messengers from each of their communities. These efforts include virtual townhall and online events, customized media and content partnerships and tailored efforts for each community. We're partnering with JOY Collective for the Black community and Latinovations and Republica Havas to develop and execute these programs. Examples include:
    - A series of virtual townhall events including:
      - NAACP UNMASKED: A COVID-19 Virtual Town Hall Series in partnership with the Black Coalition Against COVID-19 (which garnered 96,680 views)
      - MusiCares: Facts, Fears & Honest Dialogue: COVID-19 Vaccines and the Black Music Community (24,569 views)
      - Special edition of Hispanicize featuring Dr. Anthony Fauci, Beto Perez, John Leguizamo, Karen Martinez, Luis Guzman and others (15,000 online attendees)
      - BET NAACP Image Awards Content Integration (3,000,000 views)
      - The Faith Community on COVID-19 Vaccines: What You Need to Know (230,000 reach; 165,000 Views)
      - UnidosUS & Telemundo National Town Hall Vaccine Education Event (80,000 views)
      - Two national Town Halls with the Sororities and Fraternities, in partnership with the Black Coalition Against COVID-19 and BlackDoctor.org \*Please note that the video views increase daily, given the content remains in social media (Facebook, YouTube, etc.) for the various audiences to consume.
    - Partnership with Values Partnership (social impact agency founded by Joshua DuBois who led the White House Office of Faith-based and Neighborhood Partnerships in President Obama's first term) to target Black, Hispanic and evangelical community, as well as faith communities broadly. Our faith strategy includes conducting research, providing resources for the faith community through trusted messengers and tailored forums and outlets. We are also creating content intended to empower clergy nationally to have these conversations in their own local contexts. For example, we launched a National Faith Steering Committee to reach Black and Hispanic congregants to help educate and strengthen vaccine confidence. The Committee consists includes 21 highly influential faith leaders from around the country who are leading the charge in getting accurate information to the communities that need it most. For example, members include the National Association of Evangelicals, National Latino Evangelical Coalition, Bishop T. D. Jakes, Dr. Barbara Williams-Skinner, Rev. Dr. Gabriel & Rev. Jeanette Salguero, Rev. Dr. Otis Moss III, Rev. Enid Almanzar, Rev. John K. Jenkins, Rev. Traci Blackmon, Father Manuel Dorantes and Rev. Dr. Walter Kim. We're partnering with them to help inform our work, participate in national events, host their own local events, and distribute educational materials.
- We also launched a special series entitled "Faith & Facts Family Conversations," which leverages icons in the gospel community, their family/friends, and a medical expert to have more intimate conversations on COVID-19 vaccines to help educate the community. We kicked off this program by partnering with David and Tamela Mann, award-winning gospel artists, actors and authors, on a special installment of the "Mann Family Dinner" series, which has 342K followers on YouTube, focused on COVID-19 vaccines. The video completed for this program has already received over 113,000 views.
- We're also partnering with Choose Healthy Life, a program focused on improving the health and wellness of the faith community. We will have collateral in their focused markets to help educate the community on COVID-19 vaccines—markets include New York, Newark, Atlanta, Detroit, and Washington, DC.

- A series of PSAs featuring former U.S. Presidents and First Ladies (Presidents Barack Obama, George W. Bush, Bill Clinton, Jimmy Carter and former First Ladies Michelle Obama, Laura Bush, Hillary Clinton and Rosalynn Carter). The videos are designed to encourage all Americans to get answers to the top questions about the COVID-19 vaccines at GetVaccineAnswers.org and to get a vaccination when it's available to them.
  - PSA partnership with 13 major sports leagues and organizations (American Horse Council, Athletes Unlimited, Major League Baseball, Major League Soccer, National Association for Stock Car Auto Racing (NASCAR), National Basketball Association, National Football League, National Hockey League, National Women's Soccer League, PGA TOUR, U.S. Open Tennis Championships, Women's National Basketball Association and WWE. Highlighting iconic moments in sport and a brand-new recording of "I'll Be Seeing You" performed by Grammy Award-winning musician, Willie Nelson; the videos encourage fans to visit GetVaccineAnswers.org for the latest information about the COVID-19 vaccines.
  - An always-on PR strategy leveraging medical experts, faith leaders, and influential voices for ongoing TV/radio interviews in key markets in English and Spanish, pegged to new campaign announcements and vaccine rollout news.
2. We are tapping and expanding the COVID Collaborative's incredible network of health and community partners who have local channels within their organizations. These include:
    - 317 Vaccine Coalition
    - American Academy of Family Physicians
    - American College of Physicians
    - American Heart Association
    - American Lung Association
    - American Nurses Association
    - American Public Health Association
    - Asian & Pacific Islander American Health Forum
    - Association of Immunization Managers
    - Association of State and Territorial Health Officials
    - NAACP
    - National Academy of Medicine
    - National Association of Community Health Centers
    - National Association of County and City Health Officials
    - National Black Nurses Association
    - National Hispanic Medical Association
    - National Indian Health Board
    - National Medical Association
    - National Urban League
    - Trust for America's Health
    - UNCF
    - UnidosUS
    - Vaccinate Your Family
  3. We have created a *Dissemination Working Group* in partnership with the COVID Collaborative. This group is lending their perspective on how best the Ad Council can share and distribute its campaign messaging and assets with grassroots, local, state and national partners. Members include:
    - American Heart Association
    - American Medical Association
    - American Public Health Association
    - Asian & Pacific Islander American Health Forum
    - Association of Immunization Managers
    - ASTHO
    - Big Cities Health Coalition
    - Black Coalition Against COVID-19
    - COVID-19 Prevention Network



- Health Leads
  - Infectious Disease Society of America
  - NAACP
  - National Association of County & City Health Officials
  - National Coalition of 100 Black Women
  - National Congress of American Indians
  - National Council on Aging
  - National Rural Health Association
  - National Urban League
  - NIH's National Institute on Minority Health & Health Disparities
  - NYU School of Global Public Health
  - Rockefeller Foundation
  - U.S. Chamber of Commerce
  - UnidosUS
  - Vaccinate Your Family
4. We launched a business coalition (the *Health Action Alliance*), a joint effort between the Ad Council, Business Roundtable, CDC Foundation, de Beaumont Foundation and Robert Wood Johnson Foundation to empower the business community and address health inequities in the fight against COVID-19.

#### RELYING ON TRUSTED MESSENGERS:

Our research revealed that credible, local messengers are critical to engaging vaccine hesitant individuals, including local doctors and pharmacists and others at the community level.

We therefore launched a plan for engaging trusted messengers and influencers:

- We know that with this campaign the messengers are just as important as the message. We have identified eight influencer categories that cover broad perspectives and roles, with the medical community and government being the fact creators.
- We created a communications framework that is providing structure and consistency across all types of influencer engagements. We are using this framework for content partners, agencies and influencer groups.
- We kicked off this program by partnering with medically credentialed experts to provide approachable yet compelling fact based content that are distributed to their digital and social platforms.
- We are also working with relevant trusted messengers that are helping to amplify the facts with relevance and credibility. These critical amplifiers will help further disseminate the factual information by sharing, reposting or curating the content.
- Finally we plan to activate both the fact creators and the fact amplifiers to share the personal vaccination experiences on their social channels—this could include their own vaccination or that of a loved one they accompanied. This is critical to build up a volume of experiences that will help normalize the vaccination process and reduce hesitancy.

Examples of these efforts include:

- Produced *COVID Vaccine Sports Roundtable Q&A* discussion with Dr. Tom Frieden, former head of the CDC, and multiple professional athletes: Sean Johnson (MLS), Preston Wilson (MLB), Chester Pitts (NFL), Drew McIntyre (WWE) and RockyNoHands (eSports). The athletes were able to get all of their vaccine-related questions answered by a prominent medical professional.
- Produced a *Conversation Between Legends: Kareem Abdul-Jabbar Talks COVID-19 Vaccines with Dr. Kizzmekia Corbett* that discusses vaccine development and safety and the importance of vaccine education for the Black community specifically.
- Produced a *Fireside Chat between Former Governor Chris Christie and President of the AMA, Dr. Susan Bailey* to discuss top questions about the vaccine raised by U.S. conservative audiences
- Tapping trusted faith leaders and influencers, including Curtis Chang and NIH Director Dr. Francis Collins, who is outspoken about how his Christian faith informs his work as a scientist. Our partnership with theologian and Duke Divinity School professor Curtis Chang and *ChristiansAndTheVaccine.com* is pro-

viding brief, informative videos that specifically and explicitly addresses potential concerns from the evangelical community about the vaccines, and shares ideas about how Christians might think about the choice to get vaccinated. In addition, in partnership with *Values Partnerships* and *ChristiansAndTheVaccine.com*, we are facilitating events and messages that feature prominent evangelicals, speaking from their own, faith-informed perspective, about the vaccines, including: Dr. Walter Kim, who leads the National Association of Evangelicals; the evangelical writer and advocate, David French; local Christian pastors like Joel Rainey of Shepherdstown, West Virginia; and Christian medical practitioners.

- Engaged Eric Church, Ashley McBryde and Darius Rucker to create a PSA that aired in the Country Music Awards on 4/18/21 (details in this *Rolling Stone* article)
- Role in the upcoming Global Citizen concert *VAX LIVE: The Concert to Reunite the World* and the incorporation of our medical expert ambassadors in the [www.vaxbecause.org](http://www.vaxbecause.org) website
- Partnered with prominent celebs to share their personal vaccine experiences using the #IGotTheShot hashtag; including: Wanda Sykes, Nile Rogers, Sterling Sharpe, etc.
- Created repository of face-based video content created by our network of medical experts that can be share by influencers, brands and partners at [www.adfactlibrary.org](http://www.adfactlibrary.org)

#### COMBATTING MISINFORMATION:

To combat misinformation in real-time and leverage micro-influencers, especially in communities of color, we are partnering with *Bully Pulpit Interactive* and the *Public Good Projects* (PGP), which has sophisticated unparalleled technology and practices to monitor and combat vaccine misinformation.

Bully Pulpit Interactive pairs traditional research with advanced social listening to understand not only the volume of misinformation being spread, but the relative impact and harm of various disinformation messages. This allows the Ad Council to track not only what is said online, but more importantly, what a vaccine-hesitant audience actually hears and understands, and the narrative conclusions they draw. Our framework helps prioritize different narratives—from what is high awareness and high risk that we absolutely must address—to what is low awareness and low risk, which we simply must keep an eye on. This allows us to work against disinformation, address the underlying doubt, and thus take away its power among key audiences.

Alongside this work, PGP's tools use machine learning, epidemiology, and investigative journalism to identify mis/disinformation in real-time and then disseminate counter-messages that draw on deep expertise and strategies to combat vaccine hesitancy through a network of several hundred influencers as well as several hundred community organizations. PGP's systems are used by the U.S. and Canadian governments, and are the engine behind UNICEF's global efforts to combat vaccine misinformation. PGP has built out a custom alert and reporting system solely for The Ad Council.

The Ad Council is drawing on Bully Pulpit and PGP's learnings about what messages best resonate and is extending these counter-messages by tapping our own network of influencers, alongside additional communications to hesitant audiences through both paid and earned media.

#### EVALUATION & INITIAL RESULTS:

As with all Ad Council efforts, we are applying a rigorous, data-driven approach to measuring performance and impact. Our goal is to continually understand the effectiveness of our vaccine work by increasing confidence in COVID-19 vaccinations through education and how that translates into action.

Specifically, we have defined KPIs and measurement strategies via established and new partnerships with industry leaders in data and insights, as well as solutions unique to the Ad Council. These include:

- Comprehensive tracking of support across all earned and donated media channels
- Shifts in attitudes and behaviors via a monthly, national survey
- Engagement on our website and all social platforms
- Significant ground game efforts (e-mail outreach, events, influencer programs).

All results ladder up to the ultimate outcome of vaccination uptake as measured through survey-based shifts in behaviors, CDC data on number of vaccinations and how exposure to our work influences both.

We are using customized platforms/tools to view real-time results (data visualizations, scorecards, modeling), which will be continually optimized throughout the “It’s Up to You” initiative. Some key highlights on our work to date:

- Since launch (February 25), media support and related publicity is currently valued at *\$65M*, which is twice as much as an average campaign receives annually.
- Our TV and digital partnerships have a *26 percent reach* so far across all audiences.
- *11.4M engagements* with our social and search ads.
- *330K views* of targeted events within the Black, Faith and Hispanic communities,
- Collectively, our efforts have driven over *2M sessions* to GetVaccineAnswers.org with *nearly 2 out of 3* users who were surveyed reporting feeling more confident about getting vaccinated.

As people learn more, we’re seeing attitudes across the country shift. National polls by the Ad Council/Ipsos, NORC Center for Public Affairs Research, Kaiser Family Foundation, and others have registered significant improvements in Americans’ intent to get vaccinated, including among Black Americans, over the past two months. As we collect more data, we will be conducting analyses to help determine the role of the Ad Council-COVID Collaborative campaign in ongoing improvements in Americans’ vaccination intent and vaccination rates.

Thank you for the opportunity to lend the Ad Council’s voice to this important hearing. We appreciate this subcommittee’s attention to what will surely be the largest, most consequential national education effort of our time. By working together to educate and inform the American public, we will soon be on the path to recovery and renewal.

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## APPENDIX A

### AD COUNCIL-COVID COLLABORATIVE’S COVID-19 VACCINE EDUCATION CAMPAIGN: RESEARCH & MEDIA PLANNING PARTNERS

#### **Been There Done That:**

*Who are they:* Creative agency that draws on expertise from community of leading Chief Strategy and Chief Creative Officers.

*What they did:* Provided message frames for testing (Note: These frames were informed by the Ad Council’s deep dive on existing research on vaccine hesitancy from academia, CDC, NGOs, and pharma companies).

*Output:* Creation of 9 messaging territories rooted in existing insights to put into testing.

#### **Dentsu Health:**

*Who are they:* A leading global agency in health communications and media strategy.

*What they did:* Provided audience insights and media insights to help drive campaign strategy and media outreach.

*Output:* Audience insights and media planning recommendations.

#### **IBM Watson Advertising Accelerator:**

*Who are they:* Uses advanced AI technology to “learn” the optimal mix of creative/messaging approaches which resonate with key target audiences.

*What they did:* Conducted targeted in-market testing of messaging and creative (digital ads), leveraging their AI-powered platform to optimize results based on key call-to-actions by each audience.

*Output:* Data-driven insights on the most effective language and message framings for specific audiences.

#### **Ipsos:**

*Who are they:* Global leader in public opinion and market research.

*What they did:* In December 2020, fielded large quantitative survey (general population with Black and Latinx oversamples) to understand COVID vaccine mindsets,

testing messaging territories and conducting in-depth audience segmentation/profiling. Continuing to field ongoing, quantitative survey to measure attitudes and behaviors around the COVID vaccines, as well as recognition of campaign creative  
*Output:* Deep understanding of the “vaccine hesitant” adults in terms of demographics, psychographics, and areas of opportunity, with specific message framings. Continual tracking of issue attitudes, behaviors, and vaccine hesitancy over time

**The Public Good Projects:**

*Who are they:* Public health nonprofit composed of experts in public health, media, and marketing.

*What they did:* Social listening and access to their sophisticated monitoring and combatting of online vaccine misinformation.

*Output:* Real-time insights on vaccine misinformation as well as trusted online messengers to help inform testing and creative development.

**Ahzul:**

*Who are they:* BIPOC-owned market research and strategic agency.

*What they did:* Conducted qualitative interviews with Black, Latinx, young adult and general public (skew rural) vaccine hesitant Americans to understand knowledge, motivators, barriers, and mindsets (and to expose a variety of messaging territories for feedback).

*Output:* Culturally-nuanced insights on how message territories are received by these communities, which has informed/will inform creative development and outreach.

**Feedback Loop:**

*Who are they:* Agile research platform to glean audience insights and test messaging ideas.

*What they did:* Multiple survey-based messaging tests of various target audiences.

*Output:* Quick-turnaround surveys throughout the planning phase.

**Facebook:**

*Who are they:* The world’s largest social media platform.

*What they did:* In-market messaging research of Ad Council/Facebook advertising, including test/control ‘lift’ studies, to help optimize early campaign messaging.

*Output:* Data-driven learning on promising messaging framing and copy.

**IBM Watson Advertising Accelerator:**

*Who are they:* Uses advanced AI technology to “learn” the optimal mix of creative/messaging approaches which resonate with key target audiences.

*What they did:* Conducted targeted in-market testing of messaging and creative (digital ads), leveraging their AI-powered platform to optimize results based on key call-to-actions by each audience.

*Output:* Data-driven insights on the most effective language and message framings for specific audiences.

Finally, our testing phase was informed by a diverse group of leading experts from members of the COVID Collaborative’s Vaccine Scientific Advisory Committee:

- Lenora Johnson, DrPH, MPH, Director, Science policy, Engagement, Education and Communications, National Heart, Lung, and Blood Institute (NHLBI) at NIH
- Regina Davis-Moss, PhD, MPH, MCHES, Associate Executive Director, Health Policy and Practice, American Public Health Association
- Erica DeWald, Director of Advocacy, Vaccinate Your Family
- Katie Greene, MPP, Visiting Policy Associate, Duke-Margolis Center for Health Policy
- Tene Hamilton Franklyn, Vice President, Health Equity & Stakeholder Engagement, Health Leads
- Joyce Liu, Senior Policy Associate, Veng Group (on behalf of Asian & Pacific Islander American Health Forum)
- Jen Morales, MPA, Director of Public Relations and Marketing, Infectious Disease Society of America
- Rick Wade, Senior Vice President, Strategic Alliances & Outreach, U.S. Chamber of Commerce

- Alexandre White, PhD, Assistant Professor Johns Hopkins University, Department of Sociology and Department of the History of Medicine

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#### PREPARED STATEMENT OF AHIP

AHIP thanks the Subcommittee for holding this hearing to examine the ways public and private institutions can partner to promote vaccine safety and COVID-19 health-related information to encourage Americans in underserved areas to get vaccinated. We share your commitment to ensuring that Americans get vaccinated as quickly and equitably as possible.

AHIP is the national association whose members provide coverage for health care and related services to hundreds of millions of Americans every day. Through these offerings, we improve and protect the health and financial security of consumers, families, businesses, communities and the Nation. We are committed to market-based solutions and public-private partnerships that improve affordability, value, access, and well-being for consumers.

The COVID-19 pandemic has caused extraordinary suffering and economic upheaval across the country and around the world. AHIP members have seen firsthand the complications and consequences of the COVID-19 public health crisis and are working hard to ensure that all Americans, regardless of the type of health insurance they have, get the care they need to fight the pandemic and to stay well through these challenging times. The industry, in collaboration with providers, policymakers at the state and Federal levels, and other stakeholders, has taken decisive actions to respond to the crisis. Health insurance providers have waived cost-sharing for COVID-19 testing and treatment to ensure patients can access needed care and that cost is not a barrier and made significant investments in telehealth and community-based services to assure that social barriers such as lack of transportation don't create insurmountable barriers to care.

Health insurance providers are a trusted source of information for the people they serve. As COVID-19 vaccinations ramp up and supplies expand, overcoming vaccine hesitancy and ensuring equitable distribution is going to be critical. To that end, health insurance providers are working with national, state, and local leaders to help every American access vaccines. This includes efforts to raise public awareness, particularly within communities of color and vulnerable populations, about the safety and effectiveness of COVID vaccines and working with policymakers, providers and other stakeholders in local communities to improve equity in distribution and vaccine uptake. Insurance providers work to ensure the availability of culturally and linguistically appropriate content that is tailored to resonate with underserved communities and meet people where they are regarding vaccine information.

#### **Vaccine Community Connectors: Commitment to Helping Underserved Communities**

In March 2021, health insurance providers, led by AHIP and Blue Cross Blue Shield Association (BCBSA), committed to supporting a new effort to promote health equity by removing barriers to vaccinations for 2 million Americans most at risk of COVID-19 as quickly as possible.

The Vaccine Community Connectors pilot initiative aims to enable the vaccination of 2 million seniors age 65+ in America's most at-risk, vulnerable, and underserved communities—such as communities whose residents are primarily African American or Hispanic. Insurance providers are focusing on their members and the communities they serve. They are working to reach this important goal quickly, depending upon the increasing availability of vaccine supply. Since our March announcement, this initiative has already expanded to focus on the needs of other vulnerable populations such as Medicaid enrollees.

Improving health equity means setting important goals, removing barriers to better care, and meeting people where they are. As vaccine supplies expand and registrations become available, insurance providers are using combined expertise, data, and insights to:

- Identify seniors 65+ who are vulnerable to COVID-19 and who live in areas where vaccination rates are most inequitable.
- Work with partners in the community to educate seniors on the safety, efficacy, and value of COVID-19 vaccines.
- Contact those seniors who are eligible to get a vaccine through multiple channels to facilitate vaccine registration and appointment scheduling; answer questions about vaccines; help them understand when, where, and how they can receive vaccines and remind them about any required second doses; coordinate

services to help overcome barriers that may stand between a person and getting vaccinated, including transportation.

- Work with federal, state, and local leaders to deliver vaccines to underserved communities and closely collaborate with other vaccination partners, such as pharmacies.
- Track progress to ensure that those who need vaccinations most are receiving them.

Health insurance providers are using their data and analytics capabilities combining what they know about the people and communities they serve with government sources such as the Social Vulnerability Index—to help identify the 25 percent most vulnerable communities and to improve the accuracy and efficiency in the effort. By tailoring the outreach approach to each community, health insurance providers are better able to best meet unique community needs. For example, some communities may best be served by mobile clinics, language assistance, or a combination of interventions while others will benefit from health insurance providers who partner directly with ride share services to provide transportation to vaccine appointments at no cost to the member.

But barriers to effectively improving vaccine rates in disadvantaged communities remain. The biggest drivers of inequitable vaccination rates in these communities include: lack of health infrastructure/access to vaccine; lack of data access to determine who has and has not been vaccinated to date; and burdensome scheduling. Health plans are actively partnering with provider organization and state and local leaders to break down these barriers. For example, Governor JB Pritzker and the Illinois Department of Public Health along with the health plans operating Illinois and supported by AHIP, BCBSA, Illinois Association of Medicaid Health Plans, and Illinois Life and Health Insurance Council, recently announced that Illinois will launch a Vaccine Community Connectors Program in the state to reduce COVID-19 vaccination disparities.<sup>1</sup> Participating health plans will execute on all of the commitments of the Vaccine Community Connectors program described above and the State of Illinois has:

- Reserved weekly appointment slots at mass vaccination sites for the plans to schedule vulnerable seniors;
- Provided health plans with links to the state's mass vaccination site scheduling system to schedule members;
- Provided weekly access to data/analytics to support plan outreach and identify target ZIP codes where seniors have not been vaccinated; and
- As available, respond to requests for state mobile teams.

This Illinois pilot demonstrates the critical importance of strong partnerships between the public sector and private market to address the needs of the people we both serve. Across the country, health insurance providers will rely on existing relationships with government and provider partners, their ability to build strong networks within communities and among community leaders, and make connections across the health care system to provide access for America's most vulnerable seniors.

### Health Insurance Providers in Action

Health insurance providers have increasingly focused their COVID-19 actions to improve vaccine acceptance and access. Below are several examples of how AHIP member organizations are promoting quick, safe, and equitable vaccinations:

- *Blue Shield of California* launched “Get it,” an advertising campaign to encourage all Californians to get vaccinated—and protected—from COVID-19. Blue Shield of California produced television and radio commercials in English and Spanish, which aired in media markets across the state, especially in communities most impacted by COVID-19.<sup>2</sup>
- *Centene Corporation* and several members of the Pro Football Hall of Fame family are partnering to increase education and awareness of COVID-19 vaccines through a series of new public service announcements (PSA), to air nationally on television networks and digital platforms. The PSAs will focus on communities of color.<sup>3</sup>

<sup>1</sup> <https://www2.illinois.gov/Pages/news-item.aspx?ReleaseID=23036>

<sup>2</sup> <https://news.blueshieldca.com/2021/02/22/blue-shield-of-california-encourages-californians-to-get-vaccinated-for-covid-19>

<sup>3</sup> <https://centene.gcs-web.com/news-releases/news-release-details/centene-and-pro-football-hall-fame-team-tackle-concerns-over>

- *Health Net* is sharing content on its social media tool kit across channels to promote the Vaccinate All 58 social media campaign in California. Health Net is using the opportunity to let its members know that the vaccine is safe and effective.<sup>4</sup>
- *SCAN Health Plan* is offering members access to SCAN TeleTalks, a series of large-scale conference calls addressing the COVID-19 vaccine.<sup>5</sup>

#### **Support for the Ad Council's National COVID-19 Vaccine Education Effort**

To further encourage equitable uptake, insurance providers leverage their role as trusted messengers of health information for their members. To help build trust across the country, AHIP contributed to the work of the Ad Council on a national communications effort to increase confidence in vaccination against COVID-19. Developed in partnership with the COVID Collaborative, the initiative will reach key audiences across the country through research-driven creative campaigns, strategic media placements, community outreach and trusted messenger engagement—representing one of the largest public education efforts in history.<sup>6</sup>

A critical part of the strategy includes developing coalitions and partnerships with leading non-profit, public health, civil rights, faith-based and community organizations. In light of systemic inequities that contribute to mistrust of vaccines among communities of color, special attention will be given to developing content tailored to reach and resonate with the Black and Hispanic communities, in alignment with the Vaccine Community Connector program.

The campaign has been created in close partnership with the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention. AHIP joins dozens of other partners in the work, including Bank of America, Facebook, General Motors, Google and YouTube, World Wrestling Entertainment, the American Heart Association, and JPMorgan Chase.

#### **Barriers to Promoting Information About the COVID-19 Vaccine**

While great strides have been made in increasing the supply of the COVID-19 vaccines, as described above, challenges still remain to the effective execution of these efforts to assure Americans are vaccinated.

The biggest challenge health insurance providers face is knowing who has already been vaccinated. Because many people are being vaccinated in public health settings that do not submit invoices to health insurers, health insurance providers do not have complete records of the vaccinations of the people they serve. Despite the fact that health insurance providers are subject to HIPAA and routinely possess and protect health care information, they rarely are provided access Immunization Information Systems (IIS), which are independently run by states and jurisdictions. This incomplete information can result in fragmented care with the potential for confusion down the road (for instance, should individuals need booster shots to match the original dose or experience an adverse reaction).

Universal access to state and local IIS's would help health insurance providers to more effectively reach the most vulnerable people who have not yet been vaccinated and provide them with important information about follow up care and treatment. Specifically, better information would allow health plans to identify which of their members in higher-risk groups and in the most vulnerable communities still need access to vaccines. Health plans can use the data to better target efforts to provide education and awareness, social media campaigns, and outbound calls to alert their members of when vaccines are available, how to schedule appointments, and when to get a second shot if it is needed.

Vaccine misinformation and disinformation also remains a challenge. Health insurance providers are working to educate people who may be skeptical or fearful about the vaccines, inform them about the benefits of immunization and the potential dangers associated with COVID-19, and answer their questions.

Although inconsistent state distribution and patient eligibility information have caused confusion, we are hopefully making our way past this issue. With increasing supply of vaccines, health plans stand ready to work across the health care system and with the public sector to get Americans vaccinated so that we can reach community immunity and get back to the moments we miss.

<sup>4</sup> <https://www.facebook.com/HealthNetInc/photos/a.197141806989580/3555098077860586/?type=3&theater>

<sup>5</sup> <https://www.scanhealthplan.com/members/coronavirus-vaccine>

<sup>6</sup> <https://www.prnewswire.com/news-releases/leading-corporations-and-foundations-come-together-to-support-national-covid-19-vaccine-education-effort-from-the-ad-council-and-covid-collaborative-301206697.html>

## Conclusion

Everyone deserves a fair and just opportunity to be as healthy as possible, especially as the Nation grapples with the COVID-19 crisis. We thank the members of the Subcommittee for your dedication to improve health equity through promoting reliable COVID-19 vaccine information. We look forward to working with Congress and the Administration to promote equity and improve health outcomes for all Americans.

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PREPARED STATEMENT OF CARMEN SCURATO, SENIOR POLICY COUNSEL;  
JESSICA J. GONZÁLEZ, CO-CEO, FREE PRESS ACTION FUND

Chairman Luján, Ranking Member Thune, and esteemed members of the subcommittee, thank you for accepting our written testimony for the record.

Last week's hearing explored how we can try to ensure that people have accurate information about the coronavirus vaccine as we race to end the pandemic. Ensuring access to quality news and information about vaccine safety and COVID-19 related health information is urgent. Yet pandemic disinformation continues to flourish over social media and broadcast media too. Much has been made about Big Tech platforms' role in fueling the spread of vaccine disinformation, but sadly, they're not alone. Broadcasters also have spread false, unverified and misleading information about the vaccine and the pandemic. In addition to queries into Big Tech's role in spreading disinformation, we encourage the subcommittee to explore whether broadcasters have consistently served the public interest with accurate, timely, local news and information about the pandemic and the vaccine, and whether any broadcasters have violated the FCC's broadcast hoax rule by amplifying inaccurate claims about this public health emergency.

What pivots are needed to ensure that everyone receives their "shot of truth" on vaccine safety? What will accountability look like for media entities that exacerbate the public health crisis by spreading false information about it? As the subcommittee considers these questions, we suggest that it address three key challenges: (1) disinformation targeting and/or disproportionately impacting people of color; (2) disinformation flowing over Big Tech; and (3) disinformation over traditional media.

### **(1) Mitigating disinformation is critical to advancing public health and safety for all and especially for communities of color.**

As researchers at Harvard's Shorenstein Center have explained, disinformation disrupts our access to timely, relevant, and accurate information.<sup>1</sup> Indeed, the World Health Organization ("WHO") itself has recognized that what it calls the "infodemic" presents a major barrier to combatting the pandemic. In a joint statement with the United Nations and international aid organizations, the WHO explained:

The Coronavirus disease (COVID-19) is the first pandemic in history in which technology and social media are being used on a massive scale to keep people safe, informed, productive and connected. At the same time, the technology we rely on to keep connected and informed is enabling and amplifying an infodemic that continues to undermine the global response and jeopardizes measures to control the pandemic.

An infodemic is an overabundance of information, both online and offline. It includes deliberate attempts to disseminate wrong information to undermine the public health response and advance alternative agendas of groups or individuals. Mis- and disinformation can be harmful to people's physical and mental health; increase stigmatization; threaten precious health gains; and lead to poor observance of public health measures, thus reducing their effectiveness and endangering countries' ability to stop the pandemic.<sup>2</sup>

Many of the countless COVID-19 disinformation campaigns woven with conspiracy theories, half-truths, and lies are surgically designed to target Black, Latinx,

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<sup>1</sup> See Letter from Joan Donovan *et al.*, Technology and Social Change Team, Harvard Kennedy School, Shorenstein Center on Media, Politics and Public Policy, to Irene Khan, Special Rapporteur on the promotion and protection of the right to freedom of opinion and expression, United Nations (Feb. 15, 2021), <https://mediamanipulation.org/sites/default/files/2021-02/Donovan%20et%20al%20TaSC%20Comment%20-%20FINAL.pdf>.

<sup>2</sup> See Joint Statement by WHO, UN, UNICEF, UNDP, UNESCO, UNAIDS, ITU, UN Global Pulse, and IFRC, *Managing the COVID-19 infodemic: Promoting healthy behaviours and mitigating the harm from misinformation and disinformation* (Sept. 2020), <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>.



AAPI, Indigenous, and other communities of color. More generally the flood of disinformation has spurred the politicization of various community safety regulations, like mask-wearing and social distancing. This has weakened our communal response to the pandemic, where we continue to observe massive infection and death rates, disproportionately affecting communities of color.

Both online platforms and broadcasters have shirked responsibility and accountability for their roles in spreading dangerous disinformation. Policymakers must examine how this entire corporate media ecosystem works in concert to distort facts and spread deadly lies. Understanding how disinformation is disseminated across the media landscape is critical to achieving the goals outlined for the hearing, of providing truthful and accurate information about the pandemic and encouraging people to get vaccinated.

**(2) Big Tech has failed to adequately rein in pandemic disinformation, especially in non-English languages.**

Big Tech's hate-and-lie-for-profit business model has built algorithmic systems that prop up lies and recommend groups for people, amplifying and recommending content that often steers people toward conspiracy theories and false information about COVID, vaccines, and a wide range of other important topics like the election. Predominant vaccine disinformation remains up on several platforms, with phony claims that vaccines cause dire side effects (including but not limited to cancer and infertility) and that they include a microchip tracker. Online platforms have every incentive to maximize profit by keeping people engaged, and have chosen time after time to leave up hateful and deceitful content that spurs enrage and keeps people glued to their screens instead of promptly taking down such wild disinformation. For instance, even in the face of massive public pressure campaigns—such as the Stop Hate For Profit campaign that Free Press helped organize last year, and which resulted in more than 1,100 advertisers pausing advertising on Facebook in July in protest of rampant hate and disinformation on the site—hate and disinformation continue to flourish on Facebook.

Although most online platforms have updated their policies to address COVID-19 related mis- and disinformation, their enforcement efforts have been lackluster across the board, and especially in languages other than English.<sup>3</sup> Recent studies have revealed how a small group of accounts are responsible for the majority of Covid-related disinformation spread across social media platforms.<sup>4</sup> And in the absence of a more comprehensive approach to remove disinformation instead of amplifying it, COVID vaccine conspiracies have continued to spread far and wide on their sites. People of color, women, religious minorities and others have repeatedly and outspokenly called for better content moderation to tamp down hate and lies. That is why Change the Terms—a coalition of more than 60 leading racial justice, civil rights, human rights and digital rights groups, co-led by Free Press—has been calling on platforms to adopt comprehensive model policies to disrupt hate and disinformation on their sites.<sup>5</sup> To date, not one social media company has adopted those policies in full.

Facebook, as the largest online platform on earth, merits special attention. A recent poll from Voto Latino and Media Matters found that misinformation around COVID-19 plays a critical role in vaccine hesitancy among the Latinx community, where 51 percent of Latinx respondents said they would not get vaccinated, with the number rising to 67 percent in Spanish-speaking households.<sup>6</sup> Additionally,

<sup>3</sup>There are daily instances of Spanish-language COVID-19 misinformation traveling across online platforms and closed messaging apps over the last several months. For example, one such post listing false vaccine side effects such as infertility and cancer, was shared on Telegram and in several Facebook groups, such as “Cree en Cristo” and “LOS ULTIMOS DIAS Y SENALES DEL FIN.” Another article from a site called Abre Los Ojos claimed that 200 German scientists came out in opposition to the COVID-19 vaccine was also shared on both Telegram and Facebook. And a video from a prominent physician claimed that “mandatory vaccinations” are deemed “genetic experiments.”

<sup>4</sup>See “The Disinformation Dozen: Why Platforms Must Act on Twelve Leading Online Anti-Vaxxers,” Center for Countering Digital Hate (Mar. 2021), <https://www.counterhate.com/disinformationdozen/>; David Klepper, Farnoush Amiri & Beatrice Dupuy, “The superspreaders behind top COVID conspiracy theories,” AP News (Feb. 15, 2021), <https://apnews.com/article/conspiracy-theories-iran-only-on-ap-media-misinformation-bfca6d5b236a29d61c4dd38702495ffe>.

<sup>5</sup>See generally “Recommended Internet Company Corporate Policies And Terms of Service To Reduce Hateful Activities,” Change the Terms, [https://assets.website-files.com/5bba6f4828dfc3686095bf6b/5bd0e36186e28d35874f0909\\_Recommended%20Internet%20Company%20Corporate%20Policies%20%20Terms%20of%20Service\\_final-10-24.pdf](https://assets.website-files.com/5bba6f4828dfc3686095bf6b/5bd0e36186e28d35874f0909_Recommended%20Internet%20Company%20Corporate%20Policies%20%20Terms%20of%20Service_final-10-24.pdf) (last visited Apr. 14, 2021).

<sup>6</sup>See “LADL: Nationwide Poll on COVID Vaccine,” Voto Latino & Media Matters for America (Apr. 21, 2021), <https://votolatino.org/media/press-releases/polloncovid/>.

based on the sample of respondents, the poll found that “[t]he main source of this information is Facebook: 49 percent say this is where they saw the material. The second most common source of this information is local news (39 percent).”<sup>7</sup>

Free Press has worked with the National Hispanic Media Coalition and the Center for American Progress to confront Facebook about rampant Spanish-language disinformation across the many platforms it owns. Together, our groups surfaced dozens of examples of Spanish-language content that should have triggered immediate removal from Facebook—in some instances we saw that the English version of the comment was removed, while almost identical content remained up in Spanish.<sup>8</sup> In mid-March of this year, after Facebook’s repeated failure to solve this problem, we launched #YaBastaFacebook,<sup>9</sup> a campaign to combat Spanish-language disinformation. We demanded that Facebook:

1. Hire an executive in the United States to oversee Spanish-language content moderation
2. Share how many Spanish-language content moderators it employs, and what training they receive; and
3. Clarify why its translation algorithms consistently fail to capture the nuance in Spanish-language, literally losing dangerous and explicit vaccine lies in translation.

To date, Facebook has failed to respond to these requests.

Social media platforms have demonstrated, both through insufficient action and outright inaction in many instances, that self-regulation alone will not be enough to curtail dangerous disinformation online. We are encouraged that Congress is gathering information about the spread of disinformation and considering steps to regulate or ban abusive data practices and discriminatory targeting.

**(3) Some traditional media outlets, including broadcasters, have also played a significant role in spreading disinformation about the COVID-19 vaccine.**

Mega-media conglomerates like Fox News<sup>10</sup> and Sinclair Broadcast Group,<sup>11</sup> as well as cable channels like One America News Network,<sup>12</sup> are also regular purveyors of COVID-19 disinformation. In the past year they have all spread dangerous conspiracies about the pandemic and vaccines. And as the Voto Latino/Media Matters poll seems to indicate, vaccine disinformation is prominent over broadcast media and results in vaccine hesitancy.<sup>13</sup>

We urge this subcommittee to grapple with the serious challenges presented by mainstream media outlets propping up pandemic lies too. For instance, what responsibility do broadcasters have to serve the public interest by providing accurate information during an emergency situation, like this pandemic? What can broadcasters do to ensure that they provide the public with reliable and truthful information about vaccines and other measures to prevent the spread of COVID-19? As we move forward, should the FCC issue guidance to broadcasters on their role to stop broadcasting hoaxes about the pandemic during this time of national emergency? Should cable subscribers have a choice about whether to subsidize Fox News’ pandemic lies?

Free Press raised some of these questions over a year ago in an Emergency Petition for Inquiry<sup>14</sup> to the FCC, requesting that the agency launch an investigation into the broadcast of false information about COVID-19, disinformation about pub-

<sup>7</sup> See *id.*

<sup>8</sup> See generally Jessica Cobian, Carmen Scurato & Brenda Castillo, Opinion, “Facebook and the Disinformation Targeting Latinx Communities,” *Colorlines* (Mar. 19, 2021), <https://www.colorlines.com/articles/op-ed-facebook-and-disinformation-targeting-latinx-communities>.

<sup>9</sup> See Spanish Language Disinformation Action Plan—#YaBastaFacebook, Real Facebook Oversight Board (Mar. 16, 2021), <https://rfob.medium.com/spanish-language-disinformation-action-plan-yabastafacebook-29e905c885eb>.

<sup>10</sup> See Media Matters for America, *Fox News*, <https://www.mediamatters.org/search?search=Fox+News> (last visited Apr. 22, 2021).

<sup>11</sup> See Media Matters for America, *Sinclair Broadcast Group*, <https://www.mediamatters.org/search?search=Sinclair+Broadcast+Group> (last visited Apr. 22, 2021).

<sup>12</sup> See Media Matters for America, *One America News Network*, <https://www.mediamatters.org/search?search=OAN> (last visited Apr. 22, 2021).

<sup>13</sup> “LADL: Nationwide Poll on COVID Vaccine,” Voto Latino & Media Matters for America (Apr. 21, 2021), <https://votolatino.org/media/press-releases/polloncovid/>.

<sup>14</sup> See Free Press Emergency Petition for Inquiry Into Broadcast of False Information on COVID-19 (filed Mar. 26, 2020), [https://www.freepress.net/sites/default/files/2020-03/free\\_press\\_petition\\_for\\_inquiry\\_to\\_fcc\\_re\\_broadcast\\_misinformation.pdf](https://www.freepress.net/sites/default/files/2020-03/free_press_petition_for_inquiry_to_fcc_re_broadcast_misinformation.pdf).

lic health measures and untested “cures” and home remedies.<sup>15</sup> We observed that myriad radio and television broadcasters were airing false and misleading information about COVID-19, and that such content was being aired without the necessary context or disclaimers<sup>16</sup> contemplated by the FCC’s broadcast hoax rule.<sup>17</sup>

The FCC’s broadcast hoax rule requires that broadcasters not air “false information concerning a crime or catastrophe if: (a) The licensee knows this information is false; (b) It is foreseeable that broadcast of the information will cause substantial harm, and; (c) Broadcast of the information does in fact directly cause substantial public harm.”<sup>18</sup> Nonetheless, in the throes of the pandemic, the Trump-era FCC denied our emergency petition and declined to issue guidance on how broadcast disinformation may run afoul of the broadcast hoax rule.<sup>19</sup> Unsurprisingly then, pandemic disinformation endures in broadcast radio and television. For example, Sinclair Broadcast Group recently aired a segment attacking lockdowns and downplaying the lethality of COVID-19,<sup>20</sup> while radio hosts state they are hesitant to take the vaccine and promote anti-vaccine misinformation.<sup>21</sup> Just as they have when it comes to social media, we encourage members of this subcommittee to interrogate the role that broadcasters played and continue to play in airing information about COVID-19, whether their actions are adhering to their mandate to serve the public interest, and what the FCC can do to stop the spread of deadly disinformation.

### Conclusion

Free Press Action looks forward to working with this subcommittee to evaluate whether and how traditional and social media platforms are disseminating accurate vaccine safety and COVID-health-related information, and to recommend any appropriate interventions to ensure that all Americans have trustworthy vaccine information. Thank you.

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### PREPARED STATEMENT OF MEDIA MATTERS FOR AMERICA

Dear Chairman Ben Ray Lujan and Ranking Member John Thune, and Members of the Committee,

Media Matters for America is a 501(c3) media watchdog and research information center. We work daily to document how misinformation and disinformation spread within the U.S. media and online.

<sup>15</sup> See Theresa Waldrop, Dave Alsup & Elliott C. McLaughlin, “Fearing coronavirus, Arizona man dies after taking a form of chloroquine used to treat aquariums,” CNN (Mar. 25, 2019), <https://www.cnn.com/2020/03/23/health/arizona-coronavirus-chloroquine-death/index.html>.

<sup>16</sup> At the time of our Emergency Petition for Inquiry, television and radio stations across the country were airing context-less coverage of former President Donald Trump’s press conferences where he propped up fake cures and falsely claimed that “like a miracle” the virus would “just disappear.” See, e.g., Parker Molloy, “Why can’t mainstream media stop echoing Trump’s coronavirus misinformation?”, Media Matters for America (Mar. 15, 2020), <https://www.mediamatters.org/coronavirus-covid-19/why-cant-mainstream-media-stop-echoing-trumps-coronavirus-misinformation>; David Leonhardt, “Complete List of Trump’s Attempts to Play Down Coronavirus,” N.Y. Times (Mar. 15, 2020), <https://www.nytimes.com/2020/03/15/opinion/trump-coronavirus.html>; Daniel Dale and Tara Subramaniam, “Trump made 33 false claims about the coronavirus crisis in the first two weeks of March,” CNN (Mar. 22, 2020), <https://www.cnn.com/2020/03/22/politics/fact-check-trump-coronavirus-false-claims-march/index.html>.

<sup>17</sup> When the Commission adopted in 1992 its rule against broadcast hoaxes, it weighed the public interest obligations of its licensees against their First Amendment rights and concluded that “the government has a compelling interest in preventing substantial public harm, such as the substantial diversion of police and emergency resources from their duties,” further noting that “the First Amendment does not preclude civil liability for broadcasts that create a foreseeable risk of personal injury.” *Amendment of Part 73 Regarding Broadcast Hoaxes*, MM Docket No. 91-314, Report and Order, 7 FCC Rcd 4106, ¶¶ 10-11 (1992), <https://docs.fcc.gov/public/attachments/FCC-92-208A1.pdf>.

<sup>18</sup> 47 C.F.R. § 73.1217.

<sup>19</sup> See “FCC Defends 1st Amendment and Denies Petition filed by Free Press,” (Apr. 6, 2020), <https://www.fcc.gov/document/fcc-defends-1st-amendment-and-denies-petition-filed-free-press>.

<sup>20</sup> See Zachary Pleat, “Sinclair’s Full Measure attacks lockdowns while downplaying the lethality of COVID-19 and promoting a strategy of widespread infection,” Media Matters for America (Feb. 9, 2021), <https://www.mediamatters.org/coronavirus-covid-19/sinclairs-full-measure-attacks-lockdowns-while-downplaying-lethality-covid-19>. The segment aired on a show called “Full Measure with Sharyl Attkisson” which according to the show’s website broadcast to 43 million households in 79 markets on 162 Sinclair Broadcast Group stations.

<sup>21</sup> See Alex Walker, “Some states are confronting vaccine hesitancy. These local radio hosts aren’t helping,” Media Matters for America (Mar. 23, 2021), <https://www.mediamatters.org/coronavirus-covid-19/some-states-are-confronting-vaccine-hesitancy-these-local-radio-hosts-arent>.

The COVID-19 pandemic has been catastrophic for American citizens, killing upward of half a million people. The COVID-19 vaccines, which have been called the key to achieving herd immunity, have become targets of bad actors who aim to spread dangerous and misleading misinformation to devalue and undermine their effectiveness.<sup>1</sup>

The right-wing media have been a pivotal force in pushing the lie that COVID-19 vaccines do not work or are dangerous. The leading misinformers have been Fox News, which spent 2020 *recklessly minimizing* the pandemic as it took the lives of hundreds of thousands of Americans.<sup>2</sup> The network spent months putting the health of millions of Americans at risk thanks to the symbiotic relationship between Fox and the Trump White House.<sup>3</sup>

Fox News promoted coronavirus misinformation an estimated *13,551 times on its weekday programs from February to December 2020*.<sup>4</sup> The network's hosts and guests also promoted unproven treatments like hydroxychloroquine nearly 300 times during a two-week span and ran at least 1,001 segments that undermined coronavirus health measures over a three-month period in 2020.<sup>5 6</sup>

The key purveyors of this misinformation include Fox News prime-time hosts Laura Ingraham and Tucker Carlson, who have repeatedly questioned vaccine effectiveness throughout their development and rollout, in addition to hosting guests with reputations for being stringent vaccination opponents. Carlson and the guests on his programs, *Tucker Carlson Tonight* and *Tucker Carlson Today*, have repeatedly cast doubt on vaccine efficacy—to the point that Dr. Anthony Fauci, President Joe Biden's chief medical adviser, has said Carlson's comments amount to a “crazy conspiracy theory.”<sup>7</sup> As recently as April 13, Carlson claimed that the COVID vaccine “doesn't work and they're simply not telling you that.”<sup>8</sup>

Carlson, as well as frequent Fox guest Alex Berenson—whom The Atlantic dubbed “The Pandemic's Wrongest Man” and various other right-wing figures across platforms also jumped on the temporary pause in distribution in the Johnson & Johnson vaccine after six recipients experienced rare clot clots.<sup>9 10</sup> The pause was initiated partly to make sure health care providers were prepared to treat this condition.<sup>11</sup> But Carlson took it as an opportunity to claim that the vaccine was more dangerous than previously thought and possibly even ineffective.<sup>12</sup> Berenson suggested other vaccination campaigns (Pfizer and Moderna) also be halted.<sup>13</sup>

Fox News is not the only force spreading COVID-19 misinformation. This misinformation often originates and is spread throughout social media via right-wing political pundits and activists, including right-wing ministry Daystar Television,

<sup>1</sup> University of Missouri Health Care, “COVID-19 Vaccine Key to Reaching ‘Herd Immunity,’” September 21, 2020, <https://www.muhealth.org/our-stories/covid-19-vaccine-key-reaching-herd-immunity>

<sup>2</sup> Matt Gertz, Media Matters for America, “Misinformers of the Year: Fox News,” December 30, 2020, <https://www.mediamatters.org/fox-news/misinformers-year-fox-news>

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> Lis Power and Rob Savillo, Media Matters for America, “Fox News has promoted hydroxychloroquine nearly 300 times in a two-week period,” April 7, 2020, <https://www.mediamatters.org/fox-news/fox-news-has-promoted-hydroxychloroquine-nearly-300-times-two-week-period>

<sup>6</sup> Matt Gertz, Media Matters for America, “Misinformers of the Year: Fox News,” December 30, 2020, <https://www.mediamatters.org/fox-news/misinformers-year-fox-news>

<sup>7</sup> Media Matters Staff, Media Matters for America, “Dr. Fauci on Tucker Carlson's vaccine comments: ‘That's just a typical crazy conspiracy theory,’” April 14, 2021, <https://www.mediamatters.org/coronavirus-covid-19/dr-fauci-tucker-carlsons-vaccine-comments-thats-just-typical-crazy-conspiracy>

<sup>8</sup> Media Matters Staff, Media Matters for America, “Tucker Carlson speculates the COVID vaccine ‘doesn't work and they're simply not telling you that,’” April 13, 2021, <https://www.mediamatters.org/fox-news/tucker-carlson-speculates-covid-vaccine-doesnt-work-and-theyre-simply-not-telling-you>

<sup>9</sup> Derek Thompson, The Atlantic, “The Pandemic's Wrongest Man,” April 1, 2021, <https://www.theatlantic.com/ideas/archive/2021/04/pandemics-wrongest-man/618475/>

<sup>10</sup> Alex Walker, Media Matters for America, “Johnson & Johnson vaccine pause fuels anti-vax rhetoric from right-wing media,” April 14, 2021, <https://www.mediamatters.org/coronavirus-covid-19/johnson-johnson-vaccine-pause-fuels-anti-vax-rhetoric-right-wing-media>

<sup>11</sup> Carolyn Y. Johnson, Laurie McGinley, Lena H. Sun, and Christopher Rowland, The Washington Post, “FDA, CDC call for pause in use of Johnson & Johnson vaccine after ‘extremely rare’ cases of blood clots,” April 13, 2021, <https://www.washingtonpost.com/health/2021/04/13/johnson-and-johnson-vaccine-blood-clots/>

<sup>12</sup> Alex Walker, Media Matters for America, “Johnson & Johnson vaccine pause fuels anti-vax rhetoric from right-wing media,” April 14, 2021, <https://www.mediamatters.org/coronavirus-covid-19/johnson-johnson-vaccine-pause-fuels-anti-vax-rhetoric-right-wing-media>

<sup>13</sup> Alex Berenson, Twitter, April 13, 2021, <https://twitter.com/AlexBerenson/status/1381932310426189829?s=20>

MyPillow CEO Mike Lindell, and former Donald Trump adviser Steve Bannon.<sup>14 15 16 17</sup> Despite continuing insistence from the social media platforms that they have COVID-19 misinformation under control, misinformation is found on almost every platform, including but not limited to TikTok, Instagram, Facebook, and Twitter.<sup>18 19 20 21</sup>

In particular, video streaming site YouTube has been a breeding ground for COVID-19 and vaccine conspiracy theories throughout the pandemic. In February, a video from a conspiracy theory-filled series titled *Planet Lockdown* gained over 20 million views between Facebook and YouTube. The video features Catherine Austin Fitts, a former assistant secretary of housing and urban development under President George H.W. Bush and an anti-vaxxer, who makes the false accusation that the COVID vaccine will modify a recipient's DNA and make them infertile.<sup>22 23</sup>

Facebook is also notorious for profiting from and enabling the spread of dangerous COVID misinformation—as well as fomenting anti-lockdown, anti-vaccine forces. Right-leaning Facebook pages have contributed to the spread of COVID-19 misinformation. *Media Matters found at least 7,300 Facebook posts from right-leaning pages with keywords related to COVID-19 and vaccine misinformation between June 1, 2020, and February 28, 2021.* As COVID-19 vaccines were granted emergency use authorization between December 1, 2020, and February 28, 2021, there were at least 1,900 Facebook posts from right-leaning pages with keywords related to COVID-19 and vaccine misinformation.

In April 2020, Facebook announced that “events that defy government’s guidance on social distancing” wouldn’t be allowed on Facebook. Facebook’s actions came after the creation of more than 100 state-specific Facebook groups to protest stay-at-home orders across the country.<sup>24</sup> *These groups and affiliated Facebook pages organized at least 49 different events.*<sup>25</sup> Through the course of the pandemic, Facebook has repeatedly allowed its users to organize in opposition of public health measures aimed at curbing the spread of the virus.

In addition, Facebook has been slow to curb the spread of dangerous medical misinformation targeting COVID-19 vaccines. For instance, *Media Matters also discovered an anti-vaccine Facebook group and a network of 17 state-specific groups*

<sup>14</sup> Timothy Johnson, Media Matters for America, “Anti-vaccine ministry uses Facebook to promote dangerous COVID-19 and vaccine falsehoods to millions of followers,” March 18, 2021, <https://www.mediamatters.org/facebook/anti-vaccine-ministry-uses-facebook-promote-dangerous-covid-19-and-vaccine-falsehoods>

<sup>15</sup> Media Matters Staff, Media Matters for America, “My Pillow CEO Mike Lindell refers to the COVID-19 vaccine as the ‘mark of the beast,’” March 11, 2021, <https://www.mediamatters.org/steve-bannon/my-pillow-ceo-mike-lindell-refers-covid-19-vaccine-mark-beast>

<sup>16</sup> Rhea Bhatnagar, Media Matters for America, “Right-wing media’s focus on abortion may stop people from getting vaccines,” March 9, 2021, <https://www.mediamatters.org/coronavirus-covid-19/right-wing-medias-focus-abortion-may-stop-people-getting-vaccines>

<sup>17</sup> Media Matters Staff, Media Matters for America, “Steve Bannon says coronavirus vaccines are ‘not technically vaccines’ but ‘experimental gene therapies,’” March 15, 2021, <https://www.mediamatters.org/steve-bannon/steve-bannon-says-coronavirus-vaccines-are-not-technically-vaccines-experimental-gene>

<sup>18</sup> Olivia Little and Chloe Simon, Media Matters for America, “TikTok’s massive COVID-19 and vaccine misinformation failure,” March 12, 2021, <https://www.mediamatters.org/tiktok/tiktoks-massive-covid-19-and-vaccine-misinformation-failure>

<sup>19</sup> Spencer Silva, Media Matters for America, “Vaccine misinformation still runs wild on Instagram,” March 23, 2021, <https://www.mediamatters.org/coronavirus-covid-19/vaccine-misinformation-still-runs-wild-instagram>

<sup>20</sup> Timothy Johnson, Media Matters for America, “Right-wing ministry continues to use Facebook to dispense deadly COVID-19 and vaccine misinformation to millions of followers,” March 29, 2021, <https://www.mediamatters.org/coronavirus-covid-19/right-wing-ministry-continues-use-facebook-dispense-deadly-covid-19-and>

<sup>21</sup> Kayla Gogarty, Media Matters for America, “Fake ‘vaccination exemption’ cards are being promoted on Twitter, despite its policy against COVID-19 vaccine misinformation,” March 8, 2021, <https://www.mediamatters.org/twitter/fake-vaccination-exemption-cards-are-being-promoted-twitter-despite-its-policy-against>

<sup>22</sup> Alex Kaplan, Media Matters for America, “YouTube and Facebook allowed another COVID-19 conspiracy theory video to go viral,” February 8, 2021, <https://www.mediamatters.org/coronavirus-covid-19/youtube-and-facebook-allowed-another-covid-19-conspiracy-theory-video-go-viral>

<sup>23</sup> Beatrice Dupuy, Associated Press, “No evidence that COVID-19 vaccine results in sterilization,” December 8, 2020, <https://apnews.com/article/fact-checking-afs:Content:9856420671>

<sup>24</sup> Brandy Zadrozny, NBC News, “Facebook removes some events calling for protests of stay-at-home orders,” April 20, 2020, <https://www.nbcnews.com/tech/tech-news/facebook-removes-some-events-calling-protests-stay-home-orders-n1187811>

<sup>25</sup> Kayla Gogarty, Media Matters for America, “Facebook says it removed events violating stay-at-home orders. But, it hasn’t removed them,” April 22, 2020, <https://www.mediamatters.org/coronavirus-covid-19/facebook-says-it-removed-events-violating-stay-home-orders-it-hasnt-removed>

*spreading harmful coronavirus conspiracy theories and misinformation.*<sup>26</sup> This misinformation included false claims that COVID-19 is no different from the flu and that wearing masks increases the chances of getting the virus.

These misinformation narratives also often circulate on fringe or far-right extremist platforms including Telegram, 4chan, Gab, and Patriots.win. These platforms have less stringent moderation than their mainstream counterparts, allowing misinformation regarding vaccines to spread unchallenged. This makes the Internet dangerous territory for anyone in search of factual information pertaining to the pandemic and the corresponding vaccines.

Sincerely,

Media Matters for America.

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PREPARED STATEMENT OF TARA KIRK SELL, PhD, MA, SENIOR SCHOLAR;  
MARC TROTOCHAUD, MSPH, SENIOR ANALYST; DIVYA HOSANGADI, MSPH,  
SENIOR ANALYST; ELLIE SMITH, MSPH, GRADUATE RESEARCH ASSISTANT;  
JOHNS HOPKINS CENTER FOR HEALTH SECURITY  
JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH

Chairman Luján, Ranking Member Thune, and members of the committee:

Thank you for inviting us to provide written testimony to the committee on the problem of communicating trusted vaccine information. This is a critical component of ending the COVID-19 pandemic and returning to normalcy. Our testimony will focus on ways to improve communication around COVID-19 vaccines and ways to combat health-related misinformation and disinformation during the COVID-19 pandemic and future public health emergencies. The topic of this hearing is critical, and we commend the subcommittee for taking this on. The timing is also important. As we now attempt to reach every eligible American 16 years or older with a vaccine, we know that even the most effective vaccine cannot work if people, misled by rumor and falsehoods, are too afraid to take it.

Our group is made up of researchers experienced in risk communication and analysis of misinformation and disinformation. *The opinions expressed herein are our own and do not necessarily reflect the views of the Johns Hopkins University.* Dr. Tara Kirk Sell is an Assistant Professor in the Department of Environmental Health and Engineering at the Johns Hopkins Bloomberg School of Public Health and is a Senior Scholar at the Johns Hopkins Center for Health Security. Marc Trotochaud and Divya Hosangadi are Research Associates in the Department of Environmental Health and Engineering at the Johns Hopkins Bloomberg School of Public Health and Senior Analysts at the Johns Hopkins Center for Health Security. Ellie Smith is a Graduate Research Assistant at the Johns Hopkins Center for Health Security. The Center for Health Security's mission is to protect people's health from major epidemics and disasters and build resilience. We study the organizations, systems, and tools needed to prepare and respond to these events.

Our testimony is founded on expertise gained through extensive research on pandemic preparedness and public health risk communication. We believe the problem of health-related misinformation and disinformation and the need for clear, consistent communication that encourages COVID-19 vaccination have been provided by hearing witnesses. Therefore, in this testimony we focus on practical solutions that may help to improve communication about vaccination and reduce health-related misinformation and disinformation. Additional research into these topics is important. There is still a great amount to be learned about COVID-19 vaccine hesitancy and misinformation that will help our country to improve the response to both COVID-19 and future threats.

#### **Risk communication needs**

The communication landscape around the COVID-19 pandemic and multiple COVID-19 vaccines is dynamic and the information needs of communities across the country are broad and multifaceted. Messaging around vaccines and vaccination must appeal to a range of populations with different needs, concerns, and barriers to getting a vaccine. Recent polling from Pew Research Center and the Kaiser Family Foundation suggests that COVID-19 vaccine hesitancy may stem from a lack of

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<sup>26</sup> Kayla Gogarty, Media Matters for America, "A network of anti-vaccine Facebook groups is a hotbed for coronavirus conspiracy theories and medical misinformation," May 11, 2020, <https://www.mediamatters.org/coronavirus-covid-19/network-anti-vaccine-facebook-groups-hotbed-coronavirus-conspiracy-theories>

confidence and trust around the vaccine and the development process.<sup>i,ii</sup> Though the COVID-19 vaccination campaign has received high levels of support from large portions of the country, with many valuing the demonstrated benefits of vaccination, it is likely that this initial response will dwindle, requiring active communication to encourage further vaccination of the U.S. population. Parts of the country are already facing a decline in interest in and rates of vaccination, leading to challenges in meeting adequate population coverage and increasing the risk of wasted vaccines.<sup>iii</sup>

Effective risk communication about COVID-19 vaccines should be a tailored and iterative process. The first step in addressing vaccine hesitancy is to identify the groups of people within the country who are experiencing vaccine hesitancy. Recent polling suggests that the gap between White Americans and Black Americans is closing but that there is still room for improvement, along with focused attention to Hispanic populations, rural populations, White Evangelicals, and Republicans.<sup>i,ii</sup> Crafting communication messages for those who are already enthusiastic about getting the vaccine or those who adamantly object to the COVID-19 vaccine is not an efficient pathway toward reaching desired levels of vaccination coverage. Instead, focusing on those who may be open to vaccination but are undecided or face barriers to accessing a vaccine is critical. Additional information on the unique barriers and hesitations of different communities can be better understood through activities like polling and reporting from on-the-ground stakeholders and working with local communities. Local groups within communities can interface most effectively to identify those who may be vaccine hesitant. Prioritizing work to tap into, and support, these ongoing efforts will provide frameworks for future communication and avoid duplicative efforts.

Existing broad communication campaigns have sought to provide information on common vaccine misconceptions. These campaigns have included trusted messengers, increasing the chances of overcoming uncertainty around COVID-19 vaccines. Additionally, multiple efforts from the Federal government and partners have designed public service announcements, using celebrities or well-known public figures to raise awareness of the vaccine.<sup>iv,v,vi</sup> While there is value in large-scale communication campaigns, it is important to continue to support other, more local or community-specific organizations to do this outreach and communication work. Community organizations are better equipped to work with local populations due to time already invested in the community, longstanding relationships that increase trust, and their commitment to providing lasting support within the community. The American Rescue Plan has taken several substantive steps to provide funding for public health communication. The bill supports the CDC's communication effort around the COVID-19 vaccine and outreach activities through community health organizations. Additional funding has been allocated for local health departments, which could be used to support vaccine communication efforts.

An ongoing effort led by the Johns Hopkins Center for Health Security and Texas State University's Department of Anthropology is one example of a research collaborative working on a national plan to address these COVID-19 vaccination concerns in local populations across the country. The *CommuniVax* coalition<sup>1</sup> (<https://www.communivax.org/>) has brought together a multidisciplinary team of researchers and a network of local partners conducting rapid ethnographic research to in-

<sup>i</sup>Cary Funk and Alec Tyson, "Growing Share of Americans Say They Plan To Get a COVID-19 Vaccine—or Already Have," Pew Research Center Science & Society, April 6, 2021. Available at: <https://www.pewresearch.org/science/2021/03/05/growing-share-of-americans-say-they-plan-to-get-a-covid-19-vaccine-or-already-have/>.

<sup>ii</sup>Lunna Lopes Liz Hamel, "KFF COVID-19 Vaccine Monitor: March 2021," KFF, March 30, 2021. Available at: <https://www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-march-2021/>.

<sup>iii</sup>Bracey Harris and Nigel Chiwaya, "States See Rise in Unused Vaccines as Demand Flattens, Shifting Focus to Hesitancy," NBCNews.com (NBCUniversal News Group, April 17, 2021), <https://www.nbcnews.com/news/us-news/states-see-rise-unused-vaccines-demand-flattens-shifting-focus-hesitancy-n1264346>.

<sup>iv</sup>"COVID-19 Vaccination Communication Toolkit for Health Systems and Clinics," Centers for Disease Control and Prevention (Centers for Disease Control and Prevention, December 21, 2020), <https://www.cdc.gov/vaccines/covid-19/health-systems-communication-toolkit.html>.

<sup>v</sup>"COVID-19 Vaccine Education Initiative," Ad Council Org, accessed April 19, 2021, <https://www.adcouncil.org/covid-vaccine>.

<sup>vi</sup>Paul LeBlanc, "Biden and Obama Urge Americans to Get Vaccinated in Star-Studded Television Special," CNN (Cable News Network, April 19, 2021), <https://www.cnn.com/2021/04/18/politics/biden-obama-covid-vaccine-roll-up-your-sleeves/index.html>.

<sup>1</sup>Disclosure: The CommuniVax Coalition is funded by the Chan Zuckerberg Initiative, which was cofounded by the founder and CEO of Facebook. Author MT currently works on and DH previously worked on this research project. This testimony is independent work of the authors.

form policy on an equitable and effective COVID-19 vaccination campaign. The project's first action plan compiled evidence-based advice on how local and state jurisdictions could ensure that their vaccination effort does not leave parts of the population behind. The group is scheduled to produce two additional reports, one sharing insights from community research of seven local teams working across the United States and the other on longitudinal pathways for a more equitable public health system. This, and similar efforts across the country, provide guidance for a Federal communication strategy around COVID-19 vaccine hesitancy. Although more resource and time-intensive than large-scale communication campaigns, tailored communication efforts and working with communities will provide significant benefits through better vaccine uptake in the populations that need it the most.

Below, are several approaches to consider when working to address vaccine hesitancy:

#### Elevate the voices of trusted partners

- Support and fund collaborative approaches to vaccine communication through cooperation with faith-based and community-based organizations. Work with local organizations to amplify vaccine information through trusted sources and key messengers.
- Establish connections between public health organizations and news media members serving local communities to highlight the benefits of COVID-19 vaccination. These trusted voices may be the main source of news in local communities.

#### Establish systems to gather information from communities

- Support systems that allow feedback from community members and trusted community partners to influence vaccination processes. Communication is a two-way process; community voices and concerns should have a meaningful impact on vaccine delivery.
- Consider concerns and hesitations as valuable feedback on communication needs in the community. Although some concerns may be unsupported by science, these reflect areas where additional information and/or efforts to communicate through shared values and beliefs are critical. Communication should be inclusive of people at different stages of their decision-making process.

#### Eliminate barriers to vaccination

- Ensure vaccination sites and timing of vaccination appointments are easily accessible and feasible for the local community. In many instances, lack of accessibility may be more of a barrier than hesitancy.
- Streamline pathways for registration and preparation for COVID-19 vaccination. The vaccination scheduling system has been viewed as hard to manage and arduous for some. Support systems that allow everyone to access the vaccine.

#### Support local public health

- Ensure that local health departments have the support and funding to translate educational materials into all prevalent languages used in their jurisdiction.
- Establish and fund action plans that include long-term improvements to the delivery of public health services for a community. When other essential health services are lacking in a community, vaccination is less of a priority.

Above all, communication planners, as well as the public, should communicate and understand that changes to recommendations and approaches are likely as the COVID-19 vaccination campaign continues in the U.S. Unforeseen challenges with vaccine administration, particularly current emerging questions around rare adverse events, have complicated the communication landscape around certain vaccine products. Additionally, COVID-19 vaccine development and use may shift or evolve amid changing epidemic situations. Preparing and testing messages ahead of time will allow for a timely response at particularly critical moments.

#### **Solutions for health-related misinformation and disinformation**

The COVID-19 pandemic has shown that health-related misinformation and disinformation can dangerously undermine the response to a public health crisis. In terms of vaccine hesitancy, research has shown that misinformation can lead to



measurable declines in intent to receive a COVID-19 vaccine.<sup>vii</sup> Polling shows that approximately 20 percent—30 percent of U.S. adults do not plan to receive the COVID-19 vaccine.<sup>i,ii</sup> While it is the right of every individual to choose whether to receive a vaccine, every effort must be made to address concerns and barriers that limit vaccine uptake—particularly those caused by rumors or false information.

Unfortunately, there are no easy solutions to the problem of health-related misinformation and disinformation. No U.S. agency is tasked with leading a unified response, constitutional concerns with restricting free speech limit some potential interventions, and solutions require cooperation across a range of stakeholders. Great attention has been paid to the need for social media companies to act in responsible ways. Technological solutions are indeed necessary, but not sufficient, in the battle against health-related misinformation.

It is time for the United States to address the problem of health-related misinformation and disinformation through a national strategy. Such a strategy will facilitate a more unified and effective response to misleading information during the COVID-19 pandemic and future public health emergencies. The National Security Council should be responsible for developing and overseeing a U.S. strategy for preventing and responding to health-related misinformation and disinformation in public health emergencies, drawing on existing Federal agency efforts, expertise, and implementation capabilities.

Additionally, effective management of health-related misinformation and disinformation would benefit from the establishment of a neutral, nonpartisan, and expert authority in the health communication landscape that would take the form of a standing nonpartisan cross-disciplinary expert commission—including social media companies, communication specialists, public health experts, and bioethicists—to propose standards. A detailed explanation of such a proposed strategy are included here: <https://www.centerforhealthsecurity.org/our-work/publications/national-priorities-to-combat-misinformation-and-disinformation-for-covid-19>. We provide a summary below.

The priorities that should guide the development of a national strategy are:

- 1) Intervene against false and damaging content as well as the sources propagating it
  - Establish a multiagency national security response effort that prioritizes management of public health disinformation, from both domestic and international sources, as a national security issue in order to prevent disinformation campaigns and educate the public on their use.
  - Establish a national nonpartisan commission that provides neutral evidence-based guidance and recommendations in order to improve the health communication landscape in ways that limit misleading information and ensure accountability for and identification of sources of misleading information.
  - Encourage active, transparent, nonpartisan intervention from social media and news media companies to identify and remove, control the spread of, and curtail generators of false information.
- 2) Promote and ensure the abundant presence and dissemination of factual information
  - Prioritize public health risk communication at the federal, state, and local levels in public health departments and academic research communities by including training and resources on specific messaging and by increasing staffing, funding, and research support.
  - Increase coordination between public health experts and sources of public information, including social media platforms and news media to increase the dissemination of accurate information through multiple channels.
- 3) Increase the public's resilience to misinformation and disinformation
  - Safeguard and promote health and digital literacy through multiple sources including schools, community organizations, social media, news media, and others to help information consumers choose responsible sources of information and increase their awareness of disinformation tactics and approaches.
  - Improve resources for public verification of questionable content through the development of a robust fact-checking infrastructure with support, training, and guiding principles for fact-checking organizations.

<sup>vii</sup>Sahil Loomba *et al.*, “Measuring the Impact of COVID-19 Vaccine Misinformation on Vaccination Intent in the UK and USA,” *Nature Human Behavior* (Nature Publishing Group, February 5, 2021), <https://www.nature.com/articles/s41562-021-01056-1>.

- 4) Ensure a whole-of-nation response through multisector and multiagency collaboration
  - Ensure multisector collaboration in the development of a national strategy to combat public health misinformation through collective planning with social media, news media, government, national security officials, public health officials, scientists, the public, and others.
  - Increase coordination across the range of government stakeholders and conduct a cross-governmental analysis of efforts and responsibilities for managing health-related misinformation and disinformation in order to streamline and organize efforts. Key U.S. agencies include the Department of Defense, Department of Health and Human Services, and Department of Homeland Security as well as intelligence agencies such as the Federal Bureau of Investigation, the National Security Agency, and the Central Intelligence Agency.

### **Conclusion**

This hearing recognizes a critical component in increasing vaccination rates across the U.S.—effective communication. We have highlighted several key priorities to increase the capacity of public health and other communicators to provide effective risk communication to local communities. At the same time, the problem of health-related misinformation and disinformation must be dealt with through a more unified national strategy. We share great optimism that the problem of vaccine hesitancy is a tractable and approachable problem and thank the committee for its commitment to engaging in solutions-based approaches to make meaningful change.

