

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF LOUISIANA
MONROE DIVISION**

STATE OF MISSOURI ex rel. ERIC S.
SCHMITT, Attorney General,

STATE OF LOUISIANA ex rel. JEFFREY
M. LANDRY, Attorney General,

DR. JAYANTA BHATTACHARYA,

JILL HINES,

JIM HOFT,

DR. AARON KHERIATY, and

DR. MARTIN KULLDORFF,

Plaintiffs,

v.

JOSEPH R. BIDEN, JR., in his official
capacity as President of the United States;

KARINE JEAN-PIERRE, in her official
capacity as White House Press Secretary;

VIVEK H. MURTHY, in his official
capacity of Surgeon General of the United
States;

XAVIER BECERRA, in his official
capacity as Secretary of the Department of
Health and Human Services;

DEPARTMENT OF HEALTH AND
HUMAN SERVICES;

DR. ANTHONY FAUCI, in his official
capacity as Director of the National Institute
of Allergy and Infectious Diseases and as
Chief Medical Advisor to the President;

No. 3:22-cv-01213-TAD-KDM

NATIONAL INSTITUTE OF ALLERGY
AND INFECTIOUS DISEASES;

CENTERS FOR DISEASE CONTROL
AND PREVENTION;

CAROL Y. CRAWFORD, in her official
capacity as Chief of the Digital Media
Branch of the Division of Public Affairs
within the Centers for Disease Control and
Prevention;

UNITED STATES CENSUS BUREAU,
a.k.a. BUREAU OF THE CENSUS;

JENNIFER SHOPKORN, in her official
capacity as Senior Advisor for
Communications with the U.S. Census
Bureau;

DEPARTMENT OF COMMERCE;

ALEJANDRO MAYORKAS, in his official
capacity as Secretary of the Department of
Homeland Security;

ROBERT SILVERS, in his official capacity
as Under Secretary of the Office of
Strategy, Policy, and Plans, within DHS;

SAMANTHA VINOGRAD, in her official
capacity as Senior Counselor for National
Security in the Office of the Secretary for
DHS;

DEPARTMENT OF HOMELAND
SECURITY;

JEN EASTERLY, in her official capacity as
Director of the Cybersecurity and
Infrastructure Security Agency;

CYBERSECURITY AND
INFRASTRUCTURE SECURITY
AGENCY;

GINA McCARTHY, in her official capacity
as White House National Climate
Advisor, and

NINA JANKOWICZ, in her official
capacity as director of the so-called
“Disinformation Governance Board” within
the Department of Homeland Security,

Defendants.

FIRST AMENDED COMPLAINT

NATURE OF THE ACTION

1. In 1783, George Washington warned that if “the Freedom of Speech may be taken away,” then “dumb and silent we may be led, like sheep, to the Slaughter.” George Washington, *Address to the Officers of the Army* (March 15, 1783). The freedom of speech in the United States now faces one of its greatest assaults by federal government officials in the Nation’s history.

2. A private entity violates the First Amendment “if the government coerces or induces it to take action the government itself would not be permitted to do, such as censor expression of a lawful viewpoint.” *Biden v. Knight First Amendment Institute at Columbia Univ.*, 141 S. Ct. 1220, 1226 (2021) (Thomas, J., concurring). “The government cannot accomplish through threats of adverse government action what the Constitution prohibits it from doing directly.” *Id.*

3. That is exactly what has occurred over the past several years, beginning with express and implied threats from government officials and culminating in the Biden Administration’s open and explicit censorship programs. Having threatened and cajoled social-media platforms for years to censor viewpoints and speakers disfavored by the Left, senior government officials in the Executive Branch have moved into a phase of open collusion with social-media companies to suppress disfavored speakers, viewpoints, and content on social-media platforms under the Orwellian guise of halting so-called “disinformation,” “misinformation,” and “malinformation.”

4. The aggressive censorship that Defendants have procured constitutes government action for at least five reasons: (1) absent federal intervention, common-law and statutory doctrines, as well as voluntary conduct and natural free-market forces, would have restrained the emergence of censorship and suppression of speech of disfavored speakers, content, and viewpoint on social media; and yet (2) through Section 230 of the Communications Decency Act (CDA) and other actions, the federal government subsidized, fostered, encouraged, and empowered the creation of a small number of massive social-media companies with disproportionate ability to censor and suppress speech on the basis of speaker, content, and viewpoint; (3) such inducements as Section 230 and other legal benefits (such as the absence of antitrust enforcement) constitute an immensely valuable benefit to social-media platforms and incentive to do the bidding of federal officials; (4) federal officials—including, most notably, certain Defendants herein—have repeatedly and aggressively threatened to remove these legal benefits and impose other adverse consequences on social-media platforms if they do not aggressively censor and suppress disfavored speakers, content, and viewpoints on their platforms; and (5) Defendants herein, colluding and coordinating with each other, have also directly coordinated and colluded with social-media platforms to identify disfavored speakers, viewpoints, and content and thus have procured the actual censorship and suppression of the freedom of speech. These factors are both individually and collectively sufficient to establish government action in the censorship and suppression of social-media speech, *especially* given the inherent power imbalance: not only do the government actors here have the power to penalize noncompliant companies, but they have threatened to exercise that authority.

5. Defendants' campaign of censorship includes the recent announcement of the creation of a "Disinformation Governance Board" within the Department of Homeland Security. "Our constitutional tradition stands against the idea that we need Oceania's Ministry of Truth." *United*

States v. Alvarez, 567 U.S. 709, 728 (2012) (plurality op.). Likewise, our constitutional tradition stands against the idea that we need a “Disinformation Governance Board” within our federal domestic-security apparatus.

6. Just last week, email correspondence between the CDC, the Census Bureau, and major social-media platforms including Twitter, Facebook, and YouTube was released that reveals yet more evidence that Defendants are directing social media censorship.

7. As a direct result of these actions, there has been an unprecedented rise of censorship and suppression of free speech—including core political speech—on social-media platforms. Many viewpoints and speakers have been unlawfully and unconstitutionally silenced in the modern public square. These actions gravely threaten the fundamental right of free speech and free discourse for virtually all citizens in Missouri, Louisiana, and America, both on social media and elsewhere. And they have directly impacted individual Plaintiffs in this case, all of whom have been censored and/or shadowbanned as a result of Defendants’ actions.

JURISDICTION AND VENUE

8. This Court has subject-matter jurisdiction because the federal claims arise under the Constitution and laws of the United States.

9. Venue is proper in this District under 28 U.S.C. § 1391(b)(2) because a substantial part of the events or omissions giving rise to the claim occurred in this District.

PARTIES

A. Plaintiffs.

10. Plaintiff State of Missouri is a sovereign State of the United States of America. Missouri sues to vindicate its sovereign, quasi-sovereign, and proprietary interests.

11. Eric S. Schmitt is the duly elected Attorney General of Missouri. Under Missouri law, he has authority to bring suit on behalf of the State of Missouri to vindicate the State's sovereign, quasi-sovereign, and proprietary interests, and to protect the constitutional rights of its citizens. *See, e.g.*, Mo. Rev. Stat. § 27.060.

12. Plaintiff State of Louisiana is a sovereign State of the United States of America. Louisiana sues to vindicate its sovereign, quasi-sovereign, and proprietary interests.

13. Jeffrey M. Landry is the duly elected Attorney General of Louisiana. Under Louisiana law, he has authority to bring suit on behalf of the State of Louisiana to vindicate the State's sovereign, quasi-sovereign, and proprietary interests, and to protect the constitutional rights of its citizens.

14. Missouri and Louisiana, and their agencies and officials, have a sovereign and proprietary interest in receiving free flow of information in public discourse on social-media platforms. This includes an interest in preventing the States, their agencies, and their political subdivisions from suffering direct censorship on social-media platforms when they post their own content. In addition, Missouri and Louisiana, and their agencies and officials, are constantly engaged in the work of formulating, enacting, advancing and enforcing public policies, and formulating messages and communications related to such policies, and they frequently and necessarily rely on the flow of speech and information on social media to inform public-policy decisions. Further, information and ideas shared on social media frequently are repeated in, and impact and influence, public discourse outside of social media, which Missouri and Louisiana, and their agencies and officials, also rely upon.

15. Missouri and Louisiana further have a sovereign interest in ensuring that the fundamental values reflected in their own Constitutions and laws, and the fundamental rights guaranteed to their

citizens, are not subverted by the unconstitutional actions of federal officials and those acting in concert with them. Missouri's Constitution provides the highest level of protection for the freedom of speech, protecting it in even more expansive language than that in the First Amendment, and Louisiana's Constitution provides similar protection for free-speech rights. Defendants' unlawful subversion of Missourians' and Louisianans' fundamental rights and liberties under state law violates both the state and federal Constitutions, and it injures Missouri's and Louisiana's sovereign interests in advancing their own fundamental laws and fundamental policies favoring the freedom of speech.

16. In addition, Missouri and Louisiana have a quasi-sovereign interest in protecting the free-speech rights of the vast majority of their citizens, who constitute "a sufficiently substantial segment of its population." *Alfred L. Snapp & Son, Inc. v. Puerto Rico, ex rel., Barez*, 458 U.S. 592, 607 (1982). This falls within Missouri's and Louisiana's "quasi-sovereign interest in the health and well-being—both physical and economic—of its residents in general." *Id.* This injury "suffices to give the State standing to sue as *parens patriae*" because "the injury" to Missourians' and Louisianans' free-speech and free-expression rights "is one that the State ... would likely attempt to address"—indeed, Missouri and Louisiana have addressed, *see, e.g.*, MO. CONST., art. I, § 8; LA. CONST., art. I, § 7—"through [their] sovereign lawmaking powers." *Alfred L. Snapp*, 458 U.S. at 607.

17. Further, Missouri and Louisiana "ha[ve] an interest in securing observance of the terms under which [they] participate[] in the federal system." *Alfred L. Snapp*, 458 U.S. at 607–08. This means bringing suit to "ensur[e] that the State and its residents are not excluded from the benefits that are to flow from participation in the federal system." *Id.* at 608. The rights secured by the First Amendment, and analogous state constitutional provisions, are foremost among the "benefits

that are to flow from participation in the federal system.” *Id.* Missouri and Louisiana “have an interest, independent of the benefits that might accrue to any particular individual, in assuring that the benefits of the federal system are not denied to its general population.” *Id.* Missouri and Louisiana sue to vindicate all these interests here.

18. Plaintiff Dr. Jayanta Bhattacharya is a former Professor of Medicine and current Professor of Health Policy at Stanford University School of Medicine and a research associate at the National Bureau of Economic Research. He is also Director of Stanford’s Center for Demography and Economics of Health and Aging. He holds an M.D. and Ph.D. from Stanford University. He has published 161 scholarly articles in peer-reviewed journals in the fields of medicine, economics, health policy, epidemiology, statistics, law, and public health, among others. His research has been cited in the peer-reviewed scientific literature more than 13,000 times. He was one of the co-authors of the Great Barrington Declaration, a statement criticizing government-mandated COVID restrictions, which was co-signed by over 930,000 people, including over 62,000 scientists and healthcare professionals. Dr. Bhattacharya and his audiences have experienced significant censorship and suppression of his speech on social-media caused by Defendants, as detailed in his previously filed Declaration, ECF No. 10-3, which is attached as Exhibit C and incorporated by reference herein.

19. Plaintiff Dr. Martin Kulldorff is an epidemiologist, a biostatistician and a former Professor of Medicine at Harvard University and Brigham and Women’s Hospital, from 2015 to November 2021. Before that, he was Professor of Population Medicine at Harvard University from 2011 to 2015. He holds a Ph.D. from Cornell University. He has published over 200 scholarly articles in peer-reviewed journals in the fields of public health, epidemiology, biostatistics and medicine, among others. His research has been cited in the peer-reviewed scientific literature more than

25,000 times. He was one of the co-authors of the Great Barrington Declaration, a statement criticizing government-mandated COVID restrictions, which was co-signed by over 930,000 people, including over 62,000 scientists and healthcare professionals. Dr. Kulldorff and his audiences have experienced significant censorship and suppression of his speech on social-media caused by Defendants, as detailed in his previously filed Declaration, ECF No. 10-4, which is attached as Exhibit D and incorporated by reference herein.

20. Plaintiff Dr. Aaron Kheriaty earned his M.D. from Georgetown University, and completed residency training in psychiatry at the University of California Irvine. For many years, he was a Professor of Psychiatry at UCI School of Medicine and the Director of the Medical Ethics Program at UCI Health, where he chaired the ethics committee. He also chaired the ethics committee at the California Department of State Hospitals for several years. He is now a Fellow at the Ethics & Public Policy Center in Washington, DC, where he directs the program on Bioethics and American Democracy. He has authored numerous books and articles for professional and lay audiences on bioethics, social science, psychiatry, religion, and culture. His work has been published in the Wall Street Journal, the Washington Post, Arc Digital, The New Atlantis, Public Discourse, City Journal, and First Things. He has conducted print, radio, and television interviews on bioethics topics with The New York Times, the Los Angeles Times, CNN, Fox News, and NPR. He maintains social-media accounts, including the Twitter account @akheriaty, which has over 158,000 followers. Dr. Kheriaty and his audiences have experienced significant censorship and suppression of his speech on social-media caused by Defendants, as detailed in his previously filed Declaration, ECF No. 10-7, which is attached as Exhibit G incorporated by reference herein.

21. Plaintiff Jim Hoft is the founder, owner, and operator of the popular news website The Gateway Pundit. He resides in St. Louis, Missouri. The Gateway Pundit is one of the most popular

conservative news sites in the country, with over 2.5 million web searches per day. Mr. Hoft maintains and operates The Gateway Pundit's social-media accounts, including a Facebook account with over 650,000 followers, an Instagram account with over 205,000 followers, and (until its recent permanent suspension) a Twitter account with over 400,000 followers. Mr. Hoft and his audiences have experienced extensive government-induced censorship on social-media platforms, including of his speech on COVID-19 issues and election security issues, as set forth in his Declaration, ECF No. 10-5, which is attached as Exhibit E and incorporated by reference herein.

22. Plaintiff Jill Hines is a resident of Louisiana. She is the Co-Director of Health Freedom Louisiana, a consumer and human rights advocacy organization. She also launched, in 2020, a grassroots effort called Reopen Louisiana. She maintains social-media accounts for both Health Freedom Louisiana and Reopen Louisiana with approximately 13,000 followers. Ms. Hines and her audiences have experienced extensive government-induced censorship of her speech on social media, including her speech related to COVID-19 restrictions, as set forth in her Declaration, ECF No. 10-12, which is attached as Exhibit L and incorporated by reference herein.

B. Defendants.

23. Defendant Joseph R. Biden, Jr., is President of the United States. He is sued in his official capacity.

24. Defendant Karine Jean-Pierre is White House Press Secretary. She is sued in her official capacity. She is substituted for her predecessor, former White House Press Secretary Jennifer Rene Psaki.

25. Defendant Vivek H. Murthy is Surgeon General of the United States. He is sued in his official capacity.

26. Defendant Xavier Becerra is Secretary of the Department of Health and Human Services. He is sued in his official capacity.

27. Defendant Department of Health and Human Services (HHS) is a Cabinet-level agency within the Government of the United States.

28. Defendant Anthony Fauci is the Director of the National Institute of Allergy and Infectious Diseases (NIAID) and Chief Medical Advisor to the President. He is sued in his official capacity.

29. Defendant National Institute of Allergy and Infectious Diseases (NIAID) is a federal agency under the Department of Health and Senior Services.

30. Defendant Centers for Disease Control and Prevention (CDC) is a federal agency under the Department of Health and Human Services.

31. Defendant Carol Y. Crawford is Chief of the Digital Media Branch of the Division of Public Affairs within the Centers for Disease Control and Prevention. She is sued in her official capacity.

32. Defendant United States Census Bureau, a.k.a. Bureau of the Census (“Census Bureau”), is an agency of the federal government within the Department of Commerce.

33. Defendant Jennifer Shopkorn is Senior Advisor for Communications with the U.S. Census Bureau. She is sued in her official capacity.

34. Defendant U.S. Department of Commerce is a Cabinet-level agency within the Government of the United States.

35. Defendant Alejandro Mayorkas is Secretary of the Department of Homeland Security. He is sued in his official capacity.

36. Defendant Robert Silvers is Under Secretary of the Office of Strategy, Policy, and Plans, within the Department of Homeland Security. He is sued in his official capacity.

37. Defendant Samantha Vinograd is the Senior Counselor for National Security within the Office of the Secretary of DHS. She is sued in her official capacity.

38. Defendant Department of Homeland Security (DHS) is a Cabinet-level agency within the Government of the United States.

39. Defendant Jen Easterly is the Director of the Cybersecurity and Infrastructure Security Agency within the Department of Homeland Security. She is sued in her official capacity.

40. Defendant Cybersecurity and Infrastructure Security Agency (CISA) is an agency within the Department of Homeland Security that is charged with protecting the United States' cybersecurity and physical infrastructure.

41. Defendant Gina McCarthy is the White House National Climate Advisor. She is sued in her official capacity.

42. Defendant Nina Jankowicz is the director of the newly constituted "Disinformation Governance Board" within the Department of Homeland Security. She is sued in her official capacity.

GENERAL ALLEGATIONS

A. Freedom of Speech Is the Bedrock of American Liberty.

43. The First Amendment of the U.S. Constitution states that "Congress shall make no law ... abridging the freedom of speech, or of the press..." U.S. CONST. amend. I.

44. Article I, § 8 of the Missouri Constitution provides "[t]hat no law shall be passed impairing the freedom of speech, no matter by what means communicated: that every person shall be free to say, write or publish, or otherwise communicate whatever he will on any subject, being responsible for all abuses of that liberty...." MO. CONST. art. I, § 8. Article I, § 7 of the Louisiana Constitution provides that "[n]o law shall curtail or restrain the freedom of speech or of the press. Every person

may speak, write, and publish his sentiments on any subject, but is responsible for abuse of that freedom.” LA. CONST. art. I, § 7. All other State Constitutions likewise protect the freedom of speech as a fundamental right of the first order.

45. The freedom of speech and expression guaranteed by the First Amendment is one of the greatest bulwarks of liberty. These rights are fundamental and must be protected against government interference.

1. Government officials lack authority to censor disfavored speakers and viewpoints.

46. If the President or Congress enacted a law or issued an order requiring the suppression of certain disfavored viewpoints or speakers on social media, or directing social media to demonetize, shadow-ban, or expel certain disfavored speakers, such a law or order would be manifestly unconstitutional under the First Amendment.

47. “If there is any fixed star in our constitutional constellation, it is that no official, high or petty, can prescribe what shall be orthodox in politics, nationalism, religion, or other matters of opinion.” *W. Va. State Bd. of Educ. v. Barnette*, 319 U.S. 624, 642 (1943).

48. “[T]he First Amendment means that government has no power to restrict expression because of its message, its ideas, its subject matter, or its content.” *Ashcroft v. ACLU*, 535 U.S. 564, 573 (2002) (quotations omitted).

49. “In light of the substantial and expansive threats to free expression posed by content-based restrictions,” the Supreme “Court has rejected as ‘startling and dangerous’ a ‘free-floating test for First Amendment coverage ... [based on] an *ad hoc* balancing of relative social costs and benefits.’” *United States v. Alvarez*, 567 U.S. 709, 717 (2012) (plurality op.) (quoting *United States v. Stevens*, 559 U.S. 460, 470 (2010)).

2. Merely labeling speech “misinformation” or “disinformation” does not strip away First Amendment protections.

50. Labeling disfavored speech “misinformation” or “disinformation” does not strip it of First Amendment protection. “Absent from those few categories where the law allows content-based regulation of speech is any general exception to the First Amendment for false statements. This comports with the common understanding that some false statements are inevitable if there is to be an open and vigorous expression of views in public and private conversation, expression the First Amendment seeks to guarantee.” *Id.* at 718.

51. The Supreme Court has thus rejected the argument “that false statements, as a general rule, are beyond constitutional protection.” *Id.*

52. “Permitting the government to decree this speech to be a criminal offense, whether shouted from the rooftops or made in a barely audible whisper, would endorse government authority to compile a list of subjects about which false statements are punishable. That governmental power has no clear limiting principle. Our constitutional tradition stands against the idea that we need Oceania’s Ministry of Truth.” *Id.* at 723 (citing G. ORWELL, NINETEEN EIGHTY–FOUR (1949) (Centennial ed. 2003)).

53. “Were the Court to hold that the interest in truthful discourse alone is sufficient to sustain a ban on speech ... it would give government a broad censorial power unprecedented in this Court’s cases or in our constitutional tradition. The mere potential for the exercise of that power casts a chill, a chill the First Amendment cannot permit if free speech, thought, and discourse are to remain a foundation of our freedom.” *Id.* at 723.

3. Counterspeech, not censorship, is the proper response to supposed “misinformation.”

54. When the Government believes that speech is false and harmful, “counterspeech,” not censorship, must “suffice to achieve its interest.” *Id.* at 726. The First Amendment presumes that “the dynamics of free speech, of counterspeech, of refutation, can overcome the lie.” *Id.*

55. “The remedy for speech that is false is speech that is true. This is the ordinary course in a free society. The response to the unreasoned is the rational; to the uninformed, the enlightened; to the straightout lie, the simple truth.” *Id.* at 727.

56. “The theory of our Constitution is ‘that the best test of truth is the power of the thought to get itself accepted in the competition of the market.’” *Id.* at 728 (quoting *Abrams v. United States*, 250 U.S. 616, 630 (1919) (Holmes, J., dissenting)).

57. “The First Amendment itself ensures the right to respond to speech we do not like, and for good reason. Freedom of speech and thought flows not from the beneficence of the state but from the inalienable rights of the person. And suppression of speech by the government can make exposure of falsity more difficult, not less so. Society has the right and civic duty to engage in open, dynamic, rational discourse. These ends are not well served when the government seeks to orchestrate public discussion through content-based mandates.” *Id.* at 728.

4. Americans have a First Amendment right to be exposed to a free flow of speech, viewpoints, and content, free from censorship by government officials.

58. The First Amendment also protects the right to receive others’ thoughts, messages, and viewpoints freely, in a free flow of public discourse. “[W]here a speaker exists . . . , the protection afforded is to the communication, to its source and to its recipients both.” *Va. State Bd. of Pharmacy v. Va. Citizens Consumer Council*, 425 U.S. 748, 756 (1976).

59. The right to receive information is “an inherent corollary of the rights to free speech and press that are explicitly, guaranteed by the Constitution,” because “the right to receive ideas follows ineluctably from the sender’s First Amendment right to send them.” *Bd. of Educ., Island Trees Union Free Sch. Dist. No. 26 v. Pico*, 457 U.S. 853, 867 (1982). “The dissemination of ideas can accomplish nothing if otherwise willing addressees are not free to receive and consider them.

It would be a barren marketplace of ideas that had only sellers and no buyers.” *Lamont v. Postmaster Gen.*, 381 U.S. 301, 308 (1965) (Brennan, J., concurring).

60. “A fundamental principle of the First Amendment is that all persons have access to places where they can speak and listen, and then, after reflection, speak and listen once more.” *Packingham v. North Carolina*, 137 S. Ct. 1730, 1735 (2017).

61. “[A]ssuring that the public has access to a multiplicity of information sources is a governmental purpose of the highest order, for it promotes values central to the First Amendment.” *Turner Broadcasting Sys., Inc. v. FCC*, 512 U.S. 622, 663 (1994). Indeed, “the widest possible dissemination of information from diverse and antagonistic sources is essential to the welfare of the public.” *United States v. Midwest Video Corp.*, 406 U.S. 649, 668 n.27 (1972) (plurality op.) (quotations omitted).

5. Government officials may not circumvent the First Amendment by inducing, threatening, and/or colluding with private entities to suppress protected speech.

62. It is “axiomatic” that the government may not “induce, encourage, or promote private persons to accomplish what it is constitutionally forbidden to accomplish.” *Norwood v. Harrison*, 413 U.S. 455, 465 (1973) (quotations omitted).

63. A private entity violates the First Amendment “if the government coerces or induces it to take action the government itself would not be permitted to do, such as censor expression of a lawful viewpoint.” *Knight First Amendment Institute*, 141 S. Ct. at 1226 (Thomas, J., concurring). “The government cannot accomplish through threats of adverse government action what the Constitution prohibits it from doing directly.” *Id.*

64. Threats of adverse regulatory or legislative action, to induce private actors to censor third parties’ speech, violate the First Amendment. *See Hammerhead Enters. v. Brezenoff*, 707 F.2d 33, 39 (2d Cir. 1983) (“Where comments of a government official can reasonably be interpreted as

intimating that some form of punishment or adverse regulatory action will follow the failure to accede to the official's request, a valid claim can be stated."); *see also Bantam Books v. Sullivan*, 372 U.S. 58, 68 (1963) (holding that a veiled threat of prosecution to pressure a private bookseller to stop selling disfavored books could violate the First Amendment).

65. The unprecedented control over private speech exercised by social-media companies gives government officials an unprecedented opportunity to circumvent the First Amendment and achieve indirect censorship of private speech. "By virtue of its ownership of the essential pathway," a social media platform "can . . . silence the voice of competing speakers with a mere flick of the switch." *Turner*, 512 U.S. at 656; *see also Knight First Amendment Inst.*, 141 S. Ct. at 1224 (Thomas, J., concurring). "The potential for abuse of this private power over a central avenue of communication cannot be overlooked." *Turner*, 512 U.S. at 656.

B. The Dominance of Social Media as a Forum for Public Information and Discourse.

66. Social media has become, in many ways, "the modern public square." *Packingham v. North Carolina*, 137 S. Ct. 1730, 1737 (2017). Social media platforms provide "perhaps the most powerful mechanisms available to a private citizen to make his or her voice heard." *Id.*

67. "Today's digital platforms provide avenues for historically unprecedented amounts of speech, including speech by government actors. Also unprecedented, however, is the concentrated control of so much speech in the hands of a few private parties." *Knight First Amendment Institute*, 141 S. Ct. at 1221.

68. The "concentration" of power in social media companies "gives some digital platforms enormous control over speech." *Id.* at 1224. Defendants have not hesitated to exploit this power.

69. For example, on information and belief, Facebook has close to 3 billion registered users worldwide and over 124 million users in the United States, including millions of Missourians and millions of citizens of other States.

70. On information and belief, Twitter has more than 340 million users worldwide, including approximately 70 million users in the United States. Approximately 500 million tweets are posted on Twitter every day, and they are accessible to non-Twitter users on the internet. Moreover, Twitter users include large numbers of politicians, journalists, public figures, and others with a disproportionately large impact on public discourse in other forums, so Twitter's impact on public discourse is even larger than its numbers alone reflect.

71. On information and belief, YouTube has more than 4 billion hours of video views every month. Videos on YouTube channels are visible to both YouTube users and to the general public on the internet. An estimated 500 hours of video content are uploaded to YouTube every minute.

72. YouTube is extremely popular among politicians and public figures in reaching their audiences. On information and belief, in 2020, approximately 92 percent of U.S. Senators and 86 percent of U.S. Representatives uploaded content on YouTube.

73. According to a recent Pew Research study, 66 percent of U.S. adults use Facebook, and 31 percent of U.S. adults say they get news regularly on Facebook. Walker et al., *News Consumption Across Social Media in 2021*, PEW RESEARCH CENTER (Sept. 20, 2021), at <https://www.pewresearch.org/journalism/2021/09/20/news-consumption-across-social-media-in-2021/>.

74. According to the same study, 72 percent of U.S. adults say that they use YouTube, and 22 percent of U.S. adults say that they regularly get news on YouTube. *Id.*

75. According to the same study, 23 percent of U.S. adults say that they use Twitter, and 13 percent of U.S. adults say they regularly get news on Twitter. *Id.* This comprises 55 percent of Twitter users. *Id.*

76. According to the same study, 41 percent of U.S. adults say that they use Instagram, and 11 percent of U.S. adults say they regularly get news on Instagram. *Id.*

77. The free flow of information and expression on social media directly affects non-users of social media as well. Social-media users who are exposed to information, ideas, and expression through social media communicate the same information, ideas, and expression with non-social-media users. News, information, messages, narratives, and storylines that originate on social media are frequently replicated in other forums, such as television, print media, and private discourse. Further, much content posted on social-media is directly available to non-social-media users. For example, posts on Twitter are directly accessible on the internet to non-Twitter-users, and content on YouTube is available to the general public on the internet as well.

78. In the aggregate, these numbers of Americans who (1) use social-media platforms, and (2) regularly use social-media platforms to obtain news and information about matters of public interest, comprise hundreds of millions of Americans, including millions of Missourians and Louisianans, and very substantial segments of the populations of Missouri, Louisiana, and every other State.

79. There are also many ways for social-media companies to censor or suppress speech on social-media platforms. Some of these methods are immediately known to the speaker and/or his or her audience, and some are not visible to them. Censorship, therefore, can occur without the knowledge of the speaker and/or his or her audience. These methods include, but are not limited to, terminating speakers' accounts, suspending accounts, imposing warnings or strikes against

accounts to chill future disfavored speech, “shadow banning” speakers, demonetizing content, adjusting algorithms to suppress or de-emphasize speakers or messages, promoting or demoting content, placing warning labels on content, suppressing content in other users’ feeds, promoting negative comments on disfavored content, and requiring additional click-through(s) to access content, among many others. Many methods, moreover, have a chilling effect on social-media speech, as the threat of censorship (such as suspension, demonetization, or banning) drives speakers to self-censor to avoid making statements that might be deemed to violate the social-media companies’ vague, ever-changing, often-hidden, and inconsistently enforced standards for censoring and suppressing speech. Collectively herein, all these methods of suppressing and/or censoring speech on social media are called “censorship” and/or “suppression” of social-media speech.

80. The censorship and suppression of free speech on social media functions in most cases as a prior restraint on speech, both through its direct effect and its chilling effects. A prior restraint is the most severe form of restriction on freedom of expression.

C. Public and Private Attempts to Police “Misinformation” or “Disinformation” on Social Media Have Proven Embarrassingly Inaccurate.

81. Yesterday’s “misinformation” often becomes today’s viable theory and tomorrow’s established fact. “Even where there is a wide scholarly consensus concerning a particular matter, the truth is served by allowing that consensus to be challenged without fear of reprisal. Today’s accepted wisdom sometimes turns out to be mistaken.” *Alvarez*, at 752 (Alito, J., dissenting) (emphasis added). This prediction has proven true, again and again, when it comes to suppressing “misinformation” and “disinformation” on social media.

1. The Hunter Biden laptop story.

82. Perhaps most notoriously, social-media platforms aggressively censored an October 14, 2020 New York Post exposé about the contents of the laptop of (then-Candidate Biden’s son) Hunter Biden, which had been abandoned in a Delaware repair shop and contained compromising photos and email communications about corrupt foreign business deals. As the New York Post reported at the time, “[b]oth Twitter and Facebook took extraordinary censorship measures against The Post on Wednesday over its exposés about Hunter Biden’s emails ... The Post’s primary Twitter account was locked as of 2:20 p.m. Wednesday because its articles about the messages obtained from Biden’s laptop broke the social network’s rules against ‘distribution of hacked material,’ according to an email The Post received from Twitter,” even though there were “zero claims that [Hunter Biden’s] computer had been hacked.” *Twitter, Facebook censor Post over Hunter Biden exposé*, N.Y. POST (Oct. 14, 2020), at <https://nypost.com/2020/10/14/facebook-twitter-block-the-post-from-posting/>. “Twitter also blocked users from sharing the link to The Post article indicating that Hunter Biden introduced Joe Biden to the Ukrainian businessman, calling the link ‘potentially harmful.’” *Id.*

83. As the Wall Street Journal Editorial Board reported, “nearly all of the media at the time ignored the story or ‘fact-checked’ it as false. This ... was all the more egregious given other evidence supporting the Post’s scoop. Neither Hunter Biden nor the Biden campaign denied that the laptop was Hunter’s. And Hunter’s former business partner, Tony Bobulinski, went public with documents backing up some of the laptop’s contents.” Editorial Board, *Hunter Biden’s Laptop Is Finally News Fit to Print*, WALL ST. J. (March 18, 2022).

84. Biden, his allies, and those acting in concert with them falsely attacked the Hunter Biden laptop story as “disinformation.” *Id.* Fifty “intelligence officials—headlined by former Obama spooks James Clapper and John Brennan—circulated a statement peddling the Russian

‘disinformation’ line—even as they admitted they had no evidence. Th[e] result was a blackout of the Hunter news, except in a few places....” *Id.* Parroting the Biden campaign’s false line, both social media platforms and major news organizations treated the story as “disinformation” and aggressively censored it.

85. In early 2022—over a year and a half later—major news organizations finally admitted that the Hunter Biden laptop story was truthful and rested on reliable sourcing and information. *Id.* The Washington Post and the New York Times quietly acknowledged the truth and reliability of the story “17 months” later, in mid-March 2022. *Id.*

86. Free-speech advocate Glenn Reynolds aptly described this embarrassing episode as one that permanently damaged the credibility and reputation for fairness of social-media platforms and major media outlets: “Twitter and other tech giants banned The Post’s reporting, since admitted to be accurate, on Hunter Biden’s laptop and the damaging information it contained. Many social-media giants banned any links to the story, and Twitter even went so far as to stop its users from sharing the story one-on-one through direct messages. (CEO Jack Dorsey later admitted that was a ‘total mistake.’) Their purpose was to affect the election’s outcome in favor of the Democrats, and they probably did.” Glenn H. Reynolds, ‘*Censorship is free speech*’ is the establishment’s *Orwellian line on Elon Musk’s Twitter crusade*, N.Y. POST (Apr. 15, 2022), <https://nypost.com/2022/04/14/the-establishments-orwellian-line-on-elon-musks-twitter-crusade/>.

2. Speech about the lab-leak theory of COVID-19’s origins.

87. Likewise, beginning in February 2020, social-media platforms censored speech advocating for the lab-leak theory of the origins of SARS-CoV-2, the virus that causes COVID-19. The lab-

leak theory postulates that the virus did not originate naturally in bats or other animals, but leaked from a biotech laboratory in Wuhan, China, operated by the Wuhan Institute of Virology.

88. On information and belief, Defendant Dr. Anthony Fauci, a senior federal government official, coordinating with others, orchestrated a campaign to discredit the lab-leak hypothesis in early 2020. As director of NIAID, Dr. Fauci had funded risky “gain-of-function” research at the Wuhan Institute of Virology through intermediaries such as EcoHealth Alliance, headed by Dr. Peter Daszak. Thus, if the lab-leak theory were established, Dr. Fauci and Dr. Daszak could be potentially implicated in funding the research on viruses that caused the COVID-19 pandemic and killed millions of people worldwide.

89. During the same time frame as he was orchestrating a campaign to falsely discredit the lab-leak theory, Dr. Fauci was exchanging emails with Mark Zuckerberg, the CEO of Facebook, regarding public messaging and the dissemination of COVID-19 information on social-media. On information and belief, Dr. Fauci coordinated directly with Facebook and/or other social-media firms to suppress disfavored speakers and content of speech on social media.

90. Not surprisingly, social-media platforms like Facebook promptly accepted Dr. Fauci’s initiative to discredit the lab-leak theory, and they engaged in an aggressive campaign to censor speech advocating for the lab-leak theory on social media on the ground that it was supposedly disinformation. Facebook “expand[ed] its content moderation on Covid-19 to include ‘false’ and ‘debunked’ claims such as that ‘COVID-19 is man-made or manufactured.’” Editorial Board, *Facebook’s Lab-Leak About-Face*, WALL ST. J. (May 27, 2021), <https://www.wsj.com/articles/facebooks-lab-leak-about-face-11622154198>. This included suppressing speech by highly credentialed and well-respected writers, such as “science journalist

Nicholas Wade,” *id.*, and scientist Alina Chan. Other social-media platforms likewise censored speech advocating for the lab-leak hypothesis.

91. By 2021, however, “the circumstantial evidence” favoring the lab-leak theory “finally permeated the insular world of progressive public health,” *id.*, and Fauci and other Biden Administration officials were forced to admit the theory’s inherent plausibility. After a long period of censorship, in May 2021, Facebook and other platforms announced that they would no longer censor social-media speech advocating for the lab-leak theory.

92. The Wall Street Journal noted the close link between government and social-media platforms in censoring this speech: “Facebook acted in lockstep with the government,” indicating that “[w]hile a political or scientific claim is disfavored by government authorities, Facebook will limit its reach. When government reduces its hostility toward an idea, so will Facebook.” *Id.* “Free speech protects the right to challenge government. But instead of acting as private actors with their own speech rights, the companies are mandating conformity with existing government views.” *Id.*

93. There had long been credible—even compelling—evidence of the plausibility of the lab-leak theory, long before social-media companies stopped censoring it. *See, e.g.*, House Foreign Affairs Committee Minority Staff Report, *The Origins of COVID-19: An Investigation of the Wuhan Institute of Virology* (Aug. 2021), <https://gop-foreignaffairs.house.gov/wp-content/uploads/2021/08/ORIGINS-OF-COVID-19-REPORT.pdf> (detailing evidence available long before censorship lifted); Nicholas Wade, *The origin of COVID: Did people or nature open Pandora’s box at Wuhan?*, BULL. ATOMIC SCIENTISTS (May 5, 2021), <https://thebulletin.org/2021/05/the-origin-of-covid-did-people-or-nature-open-pandoras-box-at-wuhan/>; ALINA CHAN, VIRAL: THE SEARCH FOR THE ORIGIN OF COVID-19 (Sept. 3, 2021).

94. Facebook’s decision to stop censoring the lab-leak theory did not come until “after almost every major media outlet, and ... even the British and American security services, finally confirmed that it is a feasible possibility.” Freddie Sayers, *How Facebook censored the lab leak theory*, UNHERD (May 31, 2021), <https://unherd.com/2021/05/how-facebook-censored-the-lab-leak-theory/>. Facebook admitted that its decision to end censorship was made “in consultation with” government officials, *i.e.*, “public health experts.” *Id.*

95. The reach of Facebook’s censorship alone (to say nothing of other platforms that censored the lab-leak theory) was enormous. Facebook “displayed ‘warnings’” on such supposed COVID-19-related misinformation, and claimed that “[w]hen people saw those warning labels, 95% of the time they did not go on to view the original content.” *Id.* “Moreover, if an article is rated ‘false’ by their ‘fact checkers’, the network will ‘reduce its distribution’. This means that, while an author or poster is not aware that censorship is taking place, the network could be hiding their content so it is not widely disseminated.” *Id.*

96. Ironically, while admitting that it had erroneously censored speech on the lab-leak theory for over a year, Facebook announced that it was “now extending its policy of ‘shadow-banning’ accounts that promote misinformation. ‘Starting today, we will reduce the distribution of all posts in News Feed from an individual’s Facebook account if they repeatedly share content that has been rated by one of our fact-checking partners.’ So now, if you share something deemed to contain misinformation multiple times, your account could be silenced; you won’t be informed, you won’t know to what degree your content will be hidden and you won’t know how long it will last—all thanks to group of ‘fact-checkers’ whose authority cannot be questioned.” *Id.* It is astonishing that “this announcement was made on the very same day as Facebook’s admission of error” on the lab-leak theory. *Id.*

3. Speech about the efficacy of mask mandates and COVID-19 lockdowns.

97. Social-media platforms also aggressively censored speech questioning the efficacy of masks and lockdowns as COVID-19 mitigation measures. Yet evidence revealed that concerns about the efficacy of these measures were well-founded.

98. For example, on information and belief, Twitter’s “COVID-19 misleading information policy,” as of December 2021, noted that Twitter will censor (label or remove) speech claiming that “face masks ... do not work to reduce transmission or to protect against COVID-19,” among many other restrictions. See Twitter, *Covid-19 misleading information policy*, <https://help.twitter.com/en/rules-and-policies/medical-misinformation-policy>. On information and belief, both Twitter and other social-media platforms have imposed similar policies, imposing censorship on speech questioning the efficacy of masks and the efficacy of lockdowns as COVID-19 mitigation measures.

99. On April 8, 2021, YouTube “deleted a video in which Florida Gov. Ron DeSantis and a handful of medical experts,” including Plaintiffs Bhattacharya and Kulldorff, “questioned the effectiveness of having children wear masks to stop the spread of COVID-19.” *YouTube Purges Ron DeSantis Video Over Claims Children Don’t Need to Wear Masks*, THE WRAP (Apr. 8, 2021), <https://www.thewrap.com/youtube-purges-florida-governor-video-over-claims-children-dont-need-to-wear-masks/>.

100. On August 10, 2021, “YouTube barred Sen. Rand Paul (R-Ky.) from uploading new videos to the site for seven days, after the ophthalmologist posted a video last week arguing that most masks ‘don’t work’ against the coronavirus.” *Rand Paul Suspended from YouTube Over Covid Claims*, FORBES (Aug. 10, 2021), <https://www.forbes.com/sites/joewalsh/2021/08/10/rand-paul-suspended-from-youtube-over-covid-claims/?sh=31f1d4e01971>.

101. “When Scott Atlas, a member of the Trump White House’s coronavirus task force, questioned the efficacy of masks last year, Twitter removed his tweet. When eminent scientists from Stanford and Harvard recently told Florida Gov. Ron DeSantis that children should not be forced to wear masks, YouTube removed their video discussion from its platform.” *How Facebook uses ‘fact-checking’ to suppress scientific truth*, N.Y. POST (May 18, 2021), <https://nypost.com/2021/05/18/how-facebook-uses-fact-checking-to-suppress-scientific-truth/>.

102. In the same vein, Facebook suppressed a scientist for citing a peer-reviewed study “by a team of researchers in Germany who established an online registry for thousands of parents to report on the impact of masks on their children. More than half of those who responded said that masks were giving their children headaches and making it difficult for them to concentrate. More than a third cited other problems, including malaise, impaired learning, drowsiness and fatigue.” *Id.*

103. On November 21, 2020, “[t]wo leading Oxford University academics ... accused Facebook of ‘censorship’ after it claimed an article they wrote on face masks amounted to ‘false information’.” *Two top Oxford academics accuse Facebook of censorship for branding their article on whether masks work ‘false information’*, DAILY MAIL (Nov. 21, 2020) <https://www.dailymail.co.uk/news/article-8973631/Two-Oxford-academics-accuse-Facebook-censorship-article-warning.html>.

104. No convincing evidence supported the efficacy of mask mandates, while compelling evidence contradicted it, both before and after their implementation. Tracking the aggregate case numbers in States with and without mask mandates over the course of the COVID-19 pandemic, in a “natural experiment,” demonstrates that mask mandates made “zero difference.” John Tierney, *The Failed COVID Policy of Mask Mandates*, CITY J. (April 19, 2022),

<https://www.city-journal.org/the-failed-covid-policy-of-mask-mandates>. Both case rates and mortality rates were “virtually identical.” *Id.* Indeed, “mask mandates were implemented without scientific justification,” and “they failed around the world.” *Id.* “In their pre-Covid planning strategies for a pandemic, neither the Centers for Disease Control nor the World Health Organization had recommended masking the public—for good reason. Randomized clinical trials involving flu viruses had shown, contrary to popular wisdom in Japan and other Asian countries, that there was ‘no evidence that face masks are effective in reducing transmission,’ as the WHO summarized the scientific literature.” *Id.* “Anthony Fauci acknowledged this evidence early in the pandemic, both in his public comments (‘There’s no reason to be walking around with masks,’ he told 60 Minutes) and in his private emails (‘I do not recommend you wear a mask,’ he told a colleague, explaining that masks were too porous to block the small Covid virus).” *Id.* “Instead of carefully analyzing the effects of masks, the CDC repeatedly tried to justify them by misrepresenting short-term trends and hyping badly flawed research, like studies in Arizona and Kansas purporting to show that infections had been dramatically reduced by the mask mandates imposed in some counties. But in each state, ... infection rates remained lower in the counties that did not mandate masks.” *Id.*; *see also, e.g.*, IAN MILLER, UNMASKED: THE GLOBAL FAILURE OF COVID MASK MANDATES (Jan. 20, 2022).

105. Ironically, Plaintiff Kulldorff was suspended on Twitter for several weeks for posting that masks endow vulnerable individuals with a false sense of security, because they actually do not work well to protect against viral infection. This exemplifies the danger of government involvement in social media censorship: preventing a world-renowned epidemiologist from conveying to the public that vulnerable people should not rely on masks for protection could indirectly cause great harm.

106. Likewise, no convincing evidence supported the efficacy of lockdowns. Quite the contrary. In January 2022, a Johns Hopkins meta-analysis reviewed the efficacy of lockdowns as a COVID-19 mitigation measure and found that they had minimal impact, if any, on COVID-19 mortality rates. The study reached “the conclusion that lockdowns have had little to no effect on COVID-19 mortality... [L]ockdowns in Europe and the United States only reduced COVID-19 mortality by 0.2% on average.... While this meta-analysis concludes that lockdowns have had little to no public health effects, they have imposed enormous economic and social costs where they have been adopted. In consequence, lockdown policies are ill-founded and should be rejected as a pandemic policy instrument.” Herby et al., *A Literature Review and Meta-Analysis of the Effects of Lockdowns on COVID-19 Mortality*, STUDIES IN APPLIED ECONOMICS (Jan. 2022), available at <https://sites.krieger.jhu.edu/iae/files/2022/01/A-Literature-Review-and-Meta-Analysis-of-the-Effects-of-Lockdowns-on-COVID-19-Mortality.pdf>.

107. On December 21, 2021, Dr. Leana Wen, a CNN medical commentator and strong advocate for COVID-19 restrictions, tweeted that “cloth masks are little more than facial decorations.” *CNN’s Leana Wen: ‘Cloth Masks Are Little More Than Facial Decorations’*, REASON, at <https://reason.com/2021/12/21/leana-wen-cloth-mask-facial-decorations-covid-cdc-guidance/>. Twitter did not censor this tweet, even though it undermined the efficacy of mask mandates that permitted the use of cloth masks (*i.e.*, virtually all of them)—undoubtedly because it was advocating for *more* aggressive mitigation measures (*i.e.*, higher-quality masks than cloth masks), not less.

108. “On September 26, 2021, CDC Director Walensky cited an Arizona study to claim that schools without mask mandates were 3.5 times more likely to experience COVID-19 outbreaks. However, the study is so flawed that experts have said it ‘should not have entered into

the public discourse’ and that you ‘can’t learn anything’ about mask rules from the study.” March 11, 2022 Letter of U.S. Rep. Cathy McMorris Rodgers, et al., to Surgeon General Murthy, *at* <https://republicans-energycommerce.house.gov/wp-content/uploads/2022/03/3.11.22-Letter-to-Surgeon-General-Murthy-Final.pdf>. Yet Director Walensky’s statement circulated widely on social media without being censored.

4. Speech about election integrity and the security of voting by mail.

109. In or around 2020, social-media platforms began aggressively censoring speech that raised concerns about the security of voting by mail, a major election-security issue. Notoriously, social-media platforms aggressively censored core political speech by then-President Trump and the Trump campaign raising concerns about the security of voting by mail in the run-up to the November 2020 presidential election.

110. This censorship is ironic because, for many years before 2020, it was a common left-wing talking point to claim that fraud occurred in voting by mail. In opposing photo-ID requirements for in-person voting, Democrats and their allies frequently claimed that photo IDs for in-person voting were pointless because voting by mail, not in-person voting, presented the real opportunities for fraud.

111. These Democratic claims of fraud in voting by mail were widely parroted in mainstream media for many years. For example, in 2012, the New York Times wrote that “votes cast by mail are less likely to be counted, more likely to be compromised and more likely to be contested than those cast in a voting booth, statistics show,” in an article headlined “Error and Fraud at Issue as Absentee Voting Rises.” <https://www.nytimes.com/2012/10/07/us/politics/as-more-vote-by-mail-faulty-ballots-could-impact-elections.html>. In 2012, The Washington Post published an articles stating that “[i]t may still be possible to steal an American election, if you

know the right way to go about it,” citing a case in which “[c]onspirators allegedly bought off absentee voters” and “faked absentee ballots.” https://www.washingtonpost.com/politics/decision2012/selling-votes-is-common-type-of-election-fraud/2012/10/01/f8f5045a-071d-11e2-81ba-ffe35a7b6542_story.html. In 2014, MSNBC claimed: “Indeed, election experts say absentee ballot fraud is the most common form of organized voter fraud, since, because of the secret ballot, there’s no way to ensure that an in-person voter is voting for the candidate he promised to.” <https://www.msnbc.com/msnbc/greg-abbott-bogus-voter-fraud-crusade-msna291356>. In 2016, Slate claimed, in a piece titled, “Voter Fraud Exists. Republican Restrictions Won’t Stop It,” that “[t]he vast majority of voter fraud prosecutions touted by conservative groups like the Heritage Foundation involve absentee ballots that were illegally cast. And the only voting fraud schemes with the potential to actually swing elections involved mail-in ballots.” <https://slate.com/news-and-politics/2016/09/voter-fraud-exists-through-absentee-ballots-but-republicans-wont-stop-it.html>.

112. Many other authorities confirm the reasonableness of concerns about security of voting by mail. For example, in *Crawford v. Marion County Election Board*, the U.S. Supreme Court held that fraudulent voting “perpetrated using absentee ballots” demonstrates “that not only is the risk of voter fraud real but that it could affect the outcome of a close election.” *Crawford v. Marion County Election Bd.*, 553 U.S. 181, 195–96 (2008) (opinion of Stevens, J.) (emphasis added).

113. The bipartisan Carter-Baker Commission on Federal Election Reform—co-chaired by former President Jimmy Carter and former Secretary of State James A. Baker—determined that “[a]bsentee ballots remain the largest source of potential voter fraud.” BUILDING CONFIDENCE IN U.S. ELECTIONS: REPORT OF THE COMMISSION ON FEDERAL ELECTION REFORM, at 46 (Sept. 2005),

at <https://www.legislationline.org/download/id/1472/file/3b50795b2d0374cbef5c29766256.pdf>. According to the Carter-Baker Commission, “[a]bsentee balloting is vulnerable to abuse in several ways.” *Id.* “Blank ballots mailed to the wrong address or to large residential buildings might be intercepted.” *Id.* “Citizens who vote at home, at nursing homes, at the workplace, or in church are more susceptible to pressure, overt and subtle, or to intimidation.” *Id.* “Vote buying schemes are far more difficult to detect when citizens vote by mail.” *Id.* Thus, the Commission noted that “absentee balloting in other states has been a major source of fraud.” *Id.* at 35. It emphasized that voting by mail “increases the risk of fraud.” *Id.* And the Commission recommended that “States ... need to do more to prevent ... absentee ballot fraud.” *Id.* at v.

114. The U.S. Department of Justice’s 2017 Manual on Federal Prosecution of Election Offenses, published by its Public Integrity Section, states: “Absentee ballots are particularly susceptible to fraudulent abuse because, by definition, they are marked and cast outside the presence of election officials and the structured environment of a polling place.” U.S. Dep’t of Justice, *Federal Prosecution of Election Offenses* 28 (8th ed. Dec. 2017), at <https://www.justice.gov/criminal/file/1029066/download>. This Manual reports that “the more common ways” that election-fraud “crimes are committed include ... [o]btaining and marking absentee ballots without the active input of the voters involved.” *Id.* at 28. And the Manual notes that “[a]bsentee ballot frauds” committed both with and without the voter’s participation are “common” forms of election fraud. *Id.* at 29.

115. Thus, social-media censorship that has occurred since 2020 to suppress speech raising concerns about the security of voting by mail would, if applied even-handedly, suppress statements about the risks of fraud in mail-in voting by the United States Supreme Court, the Carter-Baker Commission co-chaired by President Jimmy Carter, and the U.S. Department of

Justice's prosecution manual for election-integrity crimes. One would not be able to quote Justice Stevens' opinion for the Supreme Court in *Crawford* on social media if it followed its own rules. Raising concerns about election integrity, and questioning the security of voting by mail, became unspeakable on social media only after it became expedient for the Democratic Party and the political Left to suppress these ideas, viewpoints, and concerns.

116. This censorship of speech, speakers, and viewpoints on such topics and concerns continues to this day, at Defendants' instigation, as alleged further herein.

117. There is a common theme to all these examples of wrong-headed censorship: Each involved censoring truthful or reliable information that contradicted left-wing political narratives. What led to the censorship was not the fact that the speech was supposedly false, but that the message was politically inconvenient for Democratic officials and government-preferred narratives. As a result, the ability of politicians and social-media platforms to reliably identify actual "misinformation" and "disinformation" has been proven false, again and again.

D. Defendants, Using Their Official Authority, Have Threatened, Cajoled, and Colluded With Social-Media Companies to Silence Disfavored Speakers and Viewpoints.

118. On information and belief, the individual Defendants and those acting in concert with them have conspired and colluded to suppress Americans' First Amendment and analogous state-law rights to freedom of expression on social-media platforms, and to be exposed to free expression on such platforms, and they have taken many overt actions to achieve this goal.

1. Section 230 of the CDA subsidized, protected, and fostered the creation of speech-censorship policies in a small, concentrated group of social-media firms.

119. First, the Defendants did not act in a vacuum. For decades, the federal government has artificially encouraged, protected, fostered, and subsidized the aggregation of control over

speech, including the specific power of censorship, by a small group of powerful social-media firms.

120. In particular, Section 230 of the Communications Decency Act (CDA) artificially empowered and subsidized the growth of social-media companies and their censorship policies by effectively immunizing much censorship on social media from liability. Section 230's unique liability shield fostered the aggregation of power in the field into a concentrated cluster of powerful social-media firms, and it directly fostered, protected, and encouraged the development of speech-censorship policies. This process was greatly accelerated and enhanced by the social-media platforms' success in convincing courts to adopt ever-broadening interpretations of Section 230 immunity, which stray beyond the statutes' text.

121. "Historically, at least two legal doctrines limited a company's right to exclude." *Knight First Amendment Institute*, 141 S. Ct. at 1222 (Thomas, J., concurring). "First, our legal system and its British predecessor have long subjected certain businesses, known as common carriers, to special regulations, including a general requirement to serve all comers." *Id.* "Second, governments have limited a company's right to exclude when that company is a public accommodation. This concept—related to common-carrier law—applies to companies that hold themselves out to the public but do not 'carry' freight, passengers, or communications." *Id.* Absent the artificial immunity created by the overly expansive interpretations of Section 230 immunity, these legal doctrines, and free-market forces, would impose a powerful check on content- and viewpoint-based censorship by social-media platforms. *See id.*

122. The CDA was enacted in 1996 for the purpose of promoting the growth of internet commerce and protecting against the transmission of obscene materials to children over the

internet. It was intended to “offer a forum for a true diversity of political discourse,” 47 U.S.C. § 230(a)(3), but in recent years Defendants have exploited it to produce the opposite effect.

123. Section 230 of the CDA, 47 U.S.C. § 230, provides unique liability protections for internet publishers of information, such as social-media companies, which are not available to other publishers, such as those of printed media. Section 230(c)(1) provides that “[n]o provider or user of an interactive computer service shall be treated as the publisher or speaker of any information provided by another information content provider.” 47 U.S.C. § 230(c)(1). In other words, social-media firms are generally protected from liability for what their users post.

124. Section 230(c)(2), however, also provides that: “No provider or user of an interactive computer service shall be held liable on account of (A) any action voluntarily taken in good faith to restrict access to or availability of material that the provider or user considers to be obscene, lewd, lascivious, filthy, excessively violent, harassing, or *otherwise objectionable, whether or not such material is constitutionally protected.*” 47 U.S.C. § 230(c)(2)(A) (emphasis added). Courts have interpreted Section 230 broadly—beyond its plain textual import—to shield social-media platforms from liability for censoring anything they deem “objectionable,” even if it is constitutionally protected speech.

125. This reading is unreasonable and exceeds what Congress authorized. Viewpoint and content-based discrimination—now widely practiced by social-media platforms—are the antithesis of “good faith.” *Id.* Moreover, Congress intended the “otherwise objectionable” material in § 230(c)(2)(A) to refer only to content similar to “obscene, lewd, lascivious, filthy, excessively violent, [and] harassing” content referred to in the same list. *Id.* But social-media companies have interpreted this liability shield unreasonably broadly, and have convinced courts to adopt overbroad interpretations of Section 230 immunity. *See, e.g., Malwarebytes, Inc. v. Enigma*

Software Grp. USA, LLC, 141 S. Ct. 13, 15 (2020) (statement of Thomas, J., respecting the denial of certiorari) (“[C]ourts have extended the immunity in § 230 far beyond anything that plausibly could have been intended by Congress.”); *id.* at 15-18 (discussing and criticizing the overbroad reading of § 230 liability that has shielded social-media firms).

126. These platforms, therefore, have the best of both worlds: They claim that they are exempt from liability if they leave even atrocious content posted, but they are *also* exempt from liability if they censor anything they deem “objectionable, whether or not such material is constitutionally protected.” 47 U.S.C. § 230(c)(2)(A).

127. Further, Section 230 of the CDA purportedly shields such platforms from liability for colluding with other social-media platforms on how to censor speech: “No provider or user of an interactive computer service shall be held liable on account of ... (B) any action taken to enable or make available to information content providers or others the technical means to restrict access to material described in paragraph (1).” 47 U.S.C. § 230(c)(2)(B). On information and belief, social-media platforms do, in fact, extensively coordinate with one another in censoring social-media speech.

128. Section 230 also purports to preempt any state law to the contrary: “No cause of action may be brought and no liability may be imposed under any State or local law that is inconsistent with this section.” 47 U.S.C. § 230(e)(3).

129. On information and belief, the immunity provided by Section 230 of the CDA directly contributed to the rise of a small number of extremely powerful social-media platforms, who have now turned into a “censorship cartel.” The liability shield provided by the federal government artificially subsidized, fostered, and encouraged the viewpoint and content-based censorship policies that those platforms have adopted at Defendants’ urging.

130. On information and belief, social-media firms greatly value the immunity provided by § 230 of the CDA, which continues to provide them with artificial liability protections, and credible threats to amend or repeal that immunity are powerful motivators to those platforms. Defendants are aware of this.

131. On information and belief, the largest and most powerful social-media firms are also greatly concerned about antitrust liability and enforcement, given their dominance in the social-media market(s), and credible threats to impose antitrust liability and/or enforcement are powerful motivators to those platforms as well. Defendants are aware of this too.

2. The campaign of threats against social-media companies to demand censorship.

132. Defendant Biden, his political allies, and those acting in concert with him have a long history of threatening to use official government authority to impose adverse legal consequences against social-media companies if such companies do not increase censorship of speakers and messages disfavored by Biden and his political allies. Common threats of adverse legal and/or regulatory consequences include the threat of antitrust enforcement or legislation, and the threat of amending or repealing the liability protections of Section 230 of the Communications Decency Act (CDA), among others, if social-media companies fail to engage in more aggressive censorship of viewpoints, content, and speakers disfavored by Defendants. These threats are effective because they address legal matters of critical concern to dominant social-media firms.

133. Defendants have leveraged these threats to secure such increased censorship of speakers, content, and viewpoints that they disfavor on social-media platforms; and they have now moved into a phase of open collusion with the threatened companies, cooperating with them directly to censor speech, speakers, and viewpoints that Defendants disfavor.

134. Threats from Biden, senior government officials in the Biden administration, and those acting in concert with them come in the context of a history of such threats from senior federal officials politically allied with them. These threats have routinely linked (1) the prospect of official government action in the form of adverse legislation, regulation, or agency action—especially threats of antitrust legislation and/or enforcement and calls to amend or repeal Section 230 of the CDA, among others—with (2) calls for more aggressive censorship and suppression of speakers, viewpoints, and messages that these officials disfavor. Recent examples include, but are by no means limited to, the following:

- Speaker Nancy Pelosi, April 12, 2019: “I do think that for the privilege of 230, there has to be a bigger sense of responsibility on it. And it is not out of the question that that could be removed.” *Nancy Pelosi warns tech companies that Section 230 is ‘in jeopardy’*, TECH CRUNCH (April 12, 2019), at <https://techcrunch.com/2019/04/12/nancy-pelosi-section-230/>. (“When asked about Section 230, Pelosi referred to the law as a ‘gift’ to tech companies that have leaned heavily on the law to grow their business.... ‘It is a gift to them and I don’t think that they are treating it with the respect that they should, and so I think that that could be a question mark and in jeopardy... I do think that for the privilege of 230, there has to be a bigger sense of responsibility on it. And it is not out of the question that that could be removed.’”).
- Senator Mark Warner, Oct. 28, 2020: “It saddens me that some of my colleagues have joined in the Trump Administration’s cynical and concerted effort to bully platforms into allowing dark money groups, right-wing militias and even the President himself to continue to exploit social media platforms to sow disinformation, engage in targeted harassment, and suppress voter participation. We can and should have a conversation about Section

230—and the ways in which it has enabled platforms to turn a blind eye as their platforms are used to facilitate discrimination and civil rights violations, enable domestic terrorist groups to organize violence in plain sight, assist in stalking and networked harassment campaigns, and enable online frauds targeted at vulnerable users....” Statement of U.S. Sen. Mark R. Warner on Section 230 Hearing (Oct. 28, 2020), *at* <https://www.warner.senate.gov/public/index.cfm/2020/10/statement-of-sen-mark-r-warner-on-facebook-s-decision-to-finally-ban-qanon-from-its-platforms>.

- Then-Senator Kamala Harris, Sept. 30, 2019: “Look, let’s be honest, Donald Trump’s Twitter account should be suspended.” *Kamala Harris says Trump’s Twitter account should be suspended*, CNN.com (Sept. 30, 2019), *at* <https://www.cnn.com/2019/09/30/politics/kamala-harris-trump-twitter-cnntv/index.html>; *see also* <https://twitter.com/kamalaharris/status/1179810620952207362>.
- Then-Senator Kamala Harris, Oct. 2, 2019: “Hey @jack [*i.e.*, Twitter CEO Jack Dorsey]. Time to do something about this,” providing picture of a tweet from President Trump. <https://twitter.com/kamalaharris/status/1179193225325826050>.
- Senator Richard Blumenthal, Nov. 17, 2020: “I have urged, in fact, a breakup of tech giants. Because they’ve misused their bigness and power. ... And indeed Section 230 reform, meaningful reform, including even possible repeal in large part because their immunity is way too broad and victims of their harms deserve a day in court.” *Breaking the News: Censorship, Suppression, and the 2020 Election Before the S. Comm. on Judiciary*, 116th Cong. at 36:10–15 (2020) (statement of Sen. Richard Blumenthal).
- Senator Mazie Hirono, Feb. 5, 2021: “Sec 230 was supposed to incentivize internet platforms to police harmful content by users. Instead, the law acts as a shield allowing

them to turn a blind eye. The SAFE TECH ACT brings 230 into the modern age and makes platforms accountable for the harm they cause.”

<https://twitter.com/maziehirono/status/1357790558606024705?lang=bg>.

- March 2021 Joint Hearing of the Communications and Technology Subcommittee, Joint Statement of Democratic Committee Chairs: “This hearing will continue the Committee’s work of holding online platforms accountable for the growing rise of misinformation and disinformation. ... For far too long, big tech has failed to acknowledge the role they’ve played in fomenting and elevating blatantly false information to its online audiences. Industry self-regulation has failed. We must begin the work of changing incentives driving social media companies to allow and even promote misinformation and disinformation.”
See Yaël Eisenstat & Justin Hendrix, *A Dozen Experts with Questions Congress Should Ask the Tech CEOs—On Disinformation and Extremism*, JUST SECURITY (Mar. 25, 2021), <https://www.justsecurity.org/75439/questions-congress-should-ask-the-tech-ceos-on-disinformation-and-extremism/>.
- On April 20, 2022, twenty-two Democratic members of Congress sent a letter to Mark Zuckerberg of Facebook (n/k/a “Meta Platforms, Inc.”), demanding that Facebook increase censorship of “Spanish-language disinformation across its platforms.” The letter claimed that “disinformation” was a threat to democracy, and it made explicit threats of adverse legislative action if Facebook/Meta did not increase censorship: “The spread of these narratives demonstrate that Meta does not see the problem of Spanish-language disinformation in the United States as a critical priority for the health of our democracy. The lack of Meta’s action to swiftly address Spanish-language misinformation globally demonstrates the need for Congress to act to ensure Spanish-speaking communities have fair access to trustworthy information.” The letter demanded

information about Facebook’s censorship policies on election-related speech for the upcoming elections: “How is Meta preparing to proactively detect and address foreign disinformation operations targeted at Spanish-speaking communities for future elections within the United States, including the 2022 primaries and general election? ... [W]hat new steps has Meta taken to ensure the effectiveness of its algorithmic content detection policies to address disinformation and hate-speech across different languages?” April 20, 2022 Letter of Rep. Tony Cardenas, et al., at <https://cardenas.house.gov/imo/media/doc/Meta%20RT%20and%20Spanish%20Language%20Disinformation%20Congressional%20Letter%20Final.pdf>.

135. Comments from two House Members summarize this campaign of pressure and threats: “In April 2019, Louisiana Rep. Cedric Richmond warned Facebook and Google that they had ‘better’ restrict what he and his colleagues saw as harmful content or face regulation: ‘We’re going to make it swift, we’re going to make it strong, and we’re going to hold them very accountable.’ New York Rep. Jerrold Nadler added: ‘Let’s see what happens by just pressuring them.’” Vivek Ramaswamy and Jed Rubenfeld, Editorial, *Save the Constitution from Big Tech: Congressional threats and inducements make Twitter and Facebook censorship a free-speech violation*, WALL ST. J. (Jan. 11, 2021), <https://www.wsj.com/articles/save-the-constitution-from-big-tech-11610387105>.

136. Defendants’ political allies have repeatedly used congressional hearings as forums to advance these threats of adverse legislation if social-media platforms do not increase censorship of speakers, speech, content, and viewpoints they disfavor. They have repeatedly used such hearings to berate social-media firm leaders, such as Mark Zuckerberg of Facebook, Jack Dorsey of Twitter, and Sundar Pichai of Google and YouTube, and to make threats of adverse legal consequences if censorship is not increased. Such hearings include, but are not limited to, those

cited above, as well as an antitrust hearing before the House Judiciary Committee on July 29, 2020; a Senate Judiciary Committee hearing on November 17, 2020; and a House Energy and Commerce Hearing on March 25, 2021.

137. The flip side of such threats, of course, is the implied “carrot” of retaining Section 230 immunity and avoiding antitrust scrutiny, allowing the major social-media platforms to retain their legally privileged status that is worth billions of dollars of market share.

138. Starting in or around 2020, if not before, social-media firms have responded to these threats by engaging in increasingly more aggressive censorship of speakers, messages, and viewpoints disfavored by Defendants, senior government officials, and the political left. “With all the attention paid to online misinformation, it’s easy to forget that the big [social-media] platforms generally refused to remove false content purely because it was false until 2020.” Gilead Edelman, *Beware the Never-Ending Disinformation Emergency*, THE WIRED (March 11, 2022), at <https://www.wired.com/story/youtube-rigged-election-donald-trump-moderation-misinformation/>. On information and belief, it was in response to such threats of adverse legal consequences that social-media companies ramped up censorship in 2020, disproportionately targeting speakers and viewpoints on the political right. On information and belief, the examples of censorship of truthful and reliable speech in 2020, cited above, were motivated in whole or in part by such threats.

139. Then-candidate and now-President Biden has led this charge. He has tripled down on these threats of adverse official action from his colleagues and allies in senior federal-government positions. His threats of adverse government action have been among the most vociferous, and among the most clearly linked to calls for more aggressive censorship of disfavored speakers and speech by social-media companies.

140. For example, on January 17, 2020, then-candidate Biden stated, in an interview with the New York Times editorial board, that Section 230 of the CDA should be “revoked” because social-media companies like Facebook did not do enough to censor supposedly false information in the form of political ads criticizing him—*i.e.*, core political speech. He stated: “The idea that it’s a tech company is that Section 230 should be revoked, immediately should be revoked, number one. For Zuckerberg and other platforms.” He also stated, “It should be revoked because it is not merely an internet company. It is propagating falsehoods they know to be false.... There is no editorial impact at all on Facebook. None. None whatsoever. It’s irresponsible. It’s totally irresponsible.” N.Y. Times Editorial Board, *Joe Biden* (Jan. 17, 2020), at <https://www.nytimes.com/interactive/2020/01/17/opinion/joe-biden-nytimes-interview.html>. These claims were specifically linked to Facebook’s alleged failure to censor *core political speech*—*i.e.*, political ads on Facebook criticizing candidate Biden. *Id.*

141. Candidate Biden also threatened that Facebook CEO Mark Zuckerberg should be subject to civil liability and even *criminal prosecution* for not censoring such core political speech: “He should be submitted to civil liability and his company to civil liability.... Whether he engaged in something and amounted to collusion that in fact caused harm that would in fact be equal to a criminal offense, that’s a different issue. That’s possible. That’s possible it could happen.” *Id.* In other words, Biden’s message—not long before he became President of the United States—was that if Facebook did not censor political ads against him, Zuckerberg should go to prison. These two threats echoed the same threats made by numerous political allies of the President since 2019, cited above.

142. During the presidential campaign, now-Vice President Harris made similar threats against social-media firms to pressure them to engage in more aggressive censorship of speakers,

content, and viewpoints she disfavors. For example, in addition to the statements cited above, she stated in 2019: “We will hold social media platforms responsible for the hate infiltrating their platforms, because they have a responsibility to help fight against this threat to our democracy. And if you profit off of hate—if you act as a megaphone for misinformation or cyberwarfare, if you don’t police your platforms—we are going to hold you accountable as a community.” *Kamala Harris Wants to Be Your Online Censor-in-Chief*, REASON.COM (May 7, 2019), at <https://reason.com/2019/05/07/kamala-harris-promises-to-pursue-online-censorship-as-president/>.

143. In or around June 2020, the Biden campaign published an open letter and online petition (ironically, on Facebook) calling for Facebook to engage in more aggressive censorship of core political speech and viewpoints that then-Candidate Biden disfavored. The open letter complained that Facebook “continues to allow Donald Trump to say anything — and to pay to ensure that his wild claims reach millions of voters. Super PACs and other dark money groups are following his example. Trump and his allies have used Facebook to spread fear and misleading information about voting.... We call for Facebook to proactively stem the tide of false information by no longer amplifying untrustworthy content and promptly fact-checking election-related material that goes viral. We call for Facebook to stop allowing politicians to hide behind paid misinformation in the hope that the truth will catch up only after Election Day. There should be a two-week pre-election period during which **all** political advertisements must be fact-checked before they are permitted to run on Facebook. ... Anything less will render Facebook a tool of misinformation that corrodes our democracy.” Biden-Harris, *Our Open Letter to Facebook* (last visited May 5, 2022), <https://joebiden.com/2961-2/>.

144. The online petition demanded that Facebook “[p]romote real news, not fake news,” “[q]uickly remove viral misinformation,” and “[e]nforce voter suppression rules against everyone—even the President [Trump].” The petition complained that Facebook “continues to amplify misinformation and lets candidates pay to target and confuse voters with lies.” It demanded that Facebook “promote authoritative and trustworthy sources of election information, rather than rants of bad actors and conspiracy theorists,” “promptly remove false, viral information,” and “prevent political candidates and PACs from using paid advertising to spread lies and misinformation – especially within two weeks of election day.” Biden-Harris, *#Movefastfixit* (last visited May 5, 2022), <https://joebiden.com/facebook/>.

145. On September 28, 2020, the Biden-Harris campaign sent a letter to Facebook accusing it of propagating a “storm of disinformation” by failing to censor the Trump campaign’s political speech, including social-media political ads. Sept. 28, 2020 Biden-Harris Letter, *at* <https://www.documentcloud.org/documents/7219497-Facebook-Letter-9-28.html>. The letter accused Facebook of allowing “hyper-partisan” and “fantastical” speech to reach millions of people, and it demanded “more aggressive” censorship of Trump. *Id.*

146. A federal lawsuit filed in 2021 alleged that “before and after the November, 2020 election,” California government officials “contracted with partisan Biden campaign operatives to police speech online. The secretary of state of California then sent these flagged tweets to Twitter, Instagram, YouTube and other platforms for their removal.” *Harmeet Dhillon: Biden White House 'flags' Big Tech – here's why digital policing is so dangerous*, FOX NEWS (July 16, 2021), *at* <https://www.foxnews.com/opinion/biden-white-house-flags-big-tech-digital-policing-harmeet-dhillon>. Once in power, Biden and those acting in concert with him would continue this same course of conduct of “flagging” content for censorship by private social-media firms, now using

the authority of the *federal* government to “flag” specific speech and speakers for censorship and suppression.

147. On December 2, 2020—during the presidential transition—Biden’s former chief of staff and top technical advisor, Bruce Reed, publicly stated that “it’s long past time to hold the social media companies accountable for what’s published on their platforms.” *Biden Tech Advisor: Hold Social Media Companies Accountable for What Their Users Post*, CNBC.com (Dec. 2, 2020), at <https://www.cnbc.com/2020/12/02/biden-advisor-bruce-reed-hints-that-section-230-needs-reform.html>. This comment specifically referred to the amendment or repeal of Section 230 of the Communications Decency Act. *See id.* Thus, the threat of adverse legal consequences for social-media companies that did not censor opposing political viewpoints was at the forefront of the incoming Biden Administration’s public messaging.

148. Coming into the new Administration, with now-President Biden’s political allies in control of both Houses of Congress, social-media companies were on clear notice that the federal government’s involvement in social-media censorship was likely to escalate, and their threats of adverse legislation, regulation, and legal action became more ominous. On information and belief, this caused a chilling effect on speech by prompting social-media companies to ramp up their own censorship programs against disfavored speech and speakers, to preempt the risk of adverse action against them by the Government.

149. Once in control of the Executive Branch, Defendants promptly capitalized on these threats by pressuring, cajoling, and openly colluding with social-media companies to actively suppress particular disfavored speakers and viewpoints on social media.

150. Defendants, those acting in concert with them, and those allied with them routinely seek to justify overt censorship of disfavored speakers and viewpoints by wrapping it in the

monikers “misinformation,” “disinformation,” and/or “malinformation.” Their standard tactic is to label speech that contradicts their preferred political narratives “misinformation,” “disinformation,” and “malinformation” to justify suppressing it. Other common buzzwords include calls for a “healthy information ecosystem,” “healthy information environment,” or “healthy news environment,” among others. This is the Orwellian vocabulary of censorship. It is deployed aggressively to undermine fundamental First Amendment rights.

151. As noted above, these labels have proven extremely unreliable. Defendants’ and the political Left’s ability to accurately identify “misinformation” and “disinformation” is unreliable because they apply such labels, not based on actual truth or falsity, but based on their current preferred political narrative. This has resulted, again and again, in the suppression of truthful information under the name of “disinformation” and “misinformation.”

3. White House and HHS officials collude with social-media firms to suppress speech.

152. Before the Biden Administration took office, on information and belief, coordination and collusion between senior HHS officials and social-media companies to censor viewpoints and speakers was already underway. Once in office, senior officials in the Biden Administration—in the White House, in HHS, and elsewhere—capitalized and greatly expanded on these efforts.

153. On information and belief, beginning on or around January or February 2020, if not before, Defendant Dr. Anthony Fauci, a senior federal government official, coordinated with social-media firms to police and suppress speech regarding COVID-19 on social media.

154. Prior to 2020, as head of NIAID, Dr. Fauci had overseen funding of risky gain-of-function research on viruses, including research at the Wuhan Institute of Virology. This included

research funded through intermediaries such as Dr. Peter Daszak and the EcoHealth Alliance, among others.

155. In late January and early February 2020, Dr. Fauci received information from colleagues that suggested that the COVID-19 virus may have originated in a laboratory in Wuhan, China. This revelation threatened to implicate Dr. Fauci in the virus's origins, as he had funded the risky research that, under this theory, led to the virus's origin. Soon thereafter, Dr. Fauci participated in a conference call with scientists and science-funding authorities intended to discredit and suppress this lab-leak theory. After the conference call, influential individuals signed public statements that were placed in science journals in attempt to discredit the lab-leak theory.

156. In the same time frame, Dr. Fauci communicated with Facebook CEO Mark Zuckerberg directly regarding public messaging and the flow of information on social media about the government's COVID-19 response. For example, in a series of emails produced in response to FOIA requests dated from March 15 to 17, 2020, Zuckerberg invited Fauci to make public statements to be posted for viewing by all Facebook users regarding COVID-19, and also made another proposal that is redacted in FOIA-produced versions but was treated as a high priority by Fauci and NIH staff.

157. In an email on March 15, 2020, Zuckerberg proposed coordinating with Fauci on COVID-19 messaging to "make sure people can get authoritative information from reliable sources," and suggested including a video message from Fauci because "people trust and want to hear from experts." Zuckerberg proposed including this content in a "hub" that "we're going to put at the top of Facebook" to reach "200+ million Americans, 2.5 billion people worldwide."

158. In the same email, Zuckerberg made a three-line proposal to Fauci that was redacted by the federal government before the email was produced in a FOIA request.

159. The next day, NIH's communications director emailed Fauci and strongly recommended that he do the videos for Facebook. Regarding the redacted proposal from Zuckerberg, she stated: "But an even bigger deal is his offer [REDACTED]. The sooner we get that offer up the food-chain the better." She also stated that her staff was "standing by to discuss this with HHS and WH comms," and requested authority to "determine who the best point of contact would be so the Administration can take advantage of this officer, soonest." Fauci responded that "I will write or call Mark and tell him that I am interested in doing this. I will then tell him that you will get for him the name of the USG [on information and belief, shorthand for "U.S. Government"] point of contact."

160. Fauci responded by email to Zuckerberg on March 17, 2020, agreeing to the collaboration that Zuckerberg proposed and describing his redacted proposal as "very exciting."

161. As alleged above, around the same time frame as the Zuckerberg-Fauci emails, Facebook and other social-media companies censored and suppressed speakers and speech advocating for the lab-leak theory of COVID-19's origins, despite the overwhelming circumstantial evidence favoring that theory. This censorship directly implemented the plan, orchestrated by Fauci and others in early 2020, to discredit and suppress the lab-leak theory.

162. In the same timeframe, Facebook and other social-media companies began an ever-increasing campaign of monitoring, censorship, and suppression of speech and speakers about COVID-19 and issues related to COVID-19. This campaign would dramatically escalate with the advent of the Biden Administration.

163. On information and belief, those firms coordinated directly with Fauci, CDC, and other government officials regarding censorship and suppression of disfavored speech and speakers.

164. For example, Facebook’s “COVID and Vaccine Policy” states that Facebook “does not allow false claims about the vaccines or vaccination programs which *public health experts have advised us* could lead to COVID-19 vaccine rejection.” Facebook, *COVID-19 and Vaccine Policy Updates & Protections*, <https://www.facebook.com/help/230764881494641> (emphasis added). On information and belief, Fauci and CDC officials are included among those “public health experts” who “advise[]” Facebook on what to censor. Facebook also censors COVID-19 information as “false,” not based on actual truth or falsity, but based on whether the claim contradicts or challenges the pronouncements of Fauci and the CDC. *Id.* This includes strongly supported claims such as “[c]laims that wearing a face mask properly does not help prevent the spread of COVID-19,” along with an elaborate list of additional disfavored content and viewpoints subject to censorship. *Id.*

165. On information and belief, other social-media firms have similar policies and similar practices of coordinating with Fauci and the CDC and with each other, directly or indirectly, on the suppression of disfavored speakers and speech.

166. Such collusion between HHS officials and social-media companies on the censorship of disfavored speakers and speech accelerated once the Biden Administration took office.

167. On May 5, 2021, Defendant Psaki gave a White House press conference at which she stated that “[t]he President’s view is that the major platforms have a responsibility related to the health and safety of all Americans to stop amplifying untrustworthy content, disinformation, and misinformation, especially related to COVID-19, vaccinations, and elections. And we’ve seen that over the past several months, broadly speaking... we’ve seen it from a number of sources.” White House, *Press Briefing by Press Secretary Jen Psaki and Secretary of Agriculture Tom*

Vilsack, May 5, 2021, at <https://www.whitehouse.gov/briefing-room/press-briefings/2021/05/05/press-briefing-by-press-secretary-jen-psaki-and-secretary-of-agriculture-tom-vilsack-may-5-2021/>.

168. Echoing Biden’s past threats to social-media firms, Psaki immediately went on to state that President Biden “supports better privacy protections and *a robust anti-trust program.*” *Id.* (emphasis added). She linked the threat of anti-trust enforcement to the demand for more aggressive censorship by social-media platforms, stating that the President’s “view is that there’s more that needs to be done to ensure that this type of misinformation; disinformation; damaging, sometimes life-threatening information is not going out to the American public.” *Id.*

169. At a White House press briefing with Psaki on July 15, 2021, Surgeon General Vivek Murthy announced that “health misinformation” constitutes an “urgent public health threat,” stating that he had “issued a Surgeon General’s Advisory on the dangers of health misinformation. Surgeon General Advisories are reserved for urgent public health threats. And while those threats have often been related to what we eat, drink, and smoke, today we live in a world where misinformation poses an imminent and insidious threat to our nation’s health.” The White House, *Press Briefing by Press Secretary Jen Psaki and Surgeon General Dr. Vivek H. Murthy, July 15, 2021, at <https://www.whitehouse.gov/briefing-room/press-briefings/2021/07/15/press-briefing-by-press-secretary-jen-psaki-and-surgeon-general-dr-vivek-h-murthy-july-15-2021/>.*

170. Surgeon General Murthy stated that “[m]odern technology companies have enabled misinformation to poison our information environment with little accountability to their users. They’ve allowed people who intentionally spread misinformation — what we call ‘disinformation’ — to have extraordinary reach.” *Id.* He accused their algorithms of “pulling us deeper and deeper into a well of misinformation.” *Id.*

171. Surgeon General Murthy explicitly called for more aggressive censorship of social-media speech, stating that “we’re saying we expect more from our technology companies. We’re asking them to monitor misinformation more closely. We’re asking them to consistently take action against misinformation super-spreaders on their platforms.” *Id.* “

172. He also stated that “technology companies have a particularly important role” to play in combating “misinformation.” He stated: “We know that the dramatic increase in the speed — speed and scale of spreading misinformation has, in part, been enabled by these platforms. So that’s why in this advisory today, we are asking them to step up. We know they have taken some steps to address misinformation, but much, much more has to be done. And we can’t wait longer for them to take aggressive action because it’s costing people their lives.” *Id.*

173. He also stated: “we are asking technology companies to help lift up the voices of credible health authorities.... [T]hey have to do more to reduce the misinformation that’s out there so that the true voices of experts can shine through.” *Id.*

174. At the same press briefing, after the Surgeon General spoke, Defendant Psaki stated: “[W]e are in regular touch with these social media platforms, and those engagements *typically happen through members of our senior staff*, but also members of our COVID-19 team, given, as Dr. Murthy conveyed, this is a big issue of misinformation, specifically on the pandemic.” *Id.* (emphasis added). She added, “*We’re flagging problematic posts for Facebook that spread disinformation.*” *Id.* (emphasis added). She stated, “we have recommended—proposed that they create a robust enforcement strategy,” *i.e.*, a more aggressive censorship program. *Id.*

175. Psaki called on social-media companies to censor particular disfavored speakers, stating: “[T]here’s about 12 people who are producing 65 percent of anti-vaccine misinformation on social media platforms. All of them remain active on Facebook, despite some even being

banned on other platforms, including Facebook — ones that Facebook owns.” *Id.* And she called on Facebook and other social-media companies to censor disfavored content and disfavored viewpoints: “[I]t’s important to take faster action against harmful posts. As you all know, information travels quite quickly on social media platforms; sometimes it’s not accurate. And Facebook needs to move more quickly to remove harmful, violative posts — posts that will be within their policies for removal often remain up for days. That’s too long. The information spreads too quickly.” *Id.*

176. She stated that “[w]e engage with them [*i.e.*, social-media companies] regularly and *they certainly understand what our asks are.*” *Id.* (emphasis added). She stated that, “we’ve made a calculation to push back on misinformation,” and that “we are working to combat misinformation that’s traveling online.” *Id.*

177. The same day, the Surgeon General released his advisory regarding “health misinformation.” It defined “health misinformation” as “information that is false, inaccurate, or misleading according to the best available evidence at the time. Misinformation has caused confusion and led people to decline COVID-19 vaccines, reject public health measures such as masking and physical distancing, and use unproven treatments.” *Confronting Health Misinformation: The U.S. Surgeon General’s Advisory on Building a Healthy Information Environment*, at 4 (July 15, 2021), at <https://www.hhs.gov/sites/default/files/surgeon-general-misinformation-advisory.pdf>.

178. The Surgeon General’s advisory called for social-medial companies to “make meaningful long-term investments to address misinformation, including product changes,” to “[r]edesign recommendation algorithms to avoid amplifying misinformation,” to “build in ‘frictions’— such as suggestions and warnings—to reduce the sharing of misinformation,” and to

“make it easier for users to report misinformation.” *Id.* at 12. It called on social-media companies to “[s]trengthen the monitoring of misinformation,” and to censor disfavored speakers swiftly and aggressively: “Prioritize early detection of misinformation ‘super-spreaders’ and repeat offenders. Impose clear consequences for accounts that repeatedly violate platform policies.” *Id.*

179. Facebook responded by stating that it was, in fact, aggressively censoring “health misinformation,” and *coordinating with the Government to do so*. “A Facebook spokesperson said the company has *partnered with government experts*, health authorities and researchers to take ‘aggressive action against misinformation about COVID-19 and vaccines to protect public health.’” *White House Slams Facebook as Conduit for COVID-19 Misinformation*, REUTERS (July 15, 2021), at <https://www.reuters.com/world/us/us-surgeon-general-warns-over-covid-19-misinformation-2021-07-15/> (emphasis added). “‘So far we’ve removed more than 18 million pieces of COVID misinformation, [and] removed accounts that repeatedly break these rules...’ the spokesperson added.” *Id.*

180. Facebook stated that it “has introduced rules against making certain false claims about COVID-19 and its vaccines.” *Id.*

181. The next day, July 16, 2021, a reporter asked President Biden what he thought of COVID misinformation on social media, and he responded, referring to platforms like Facebook, by stating: “They’re killing people.” *They’re Killing People: Biden Denounces Social Media for Virus Disinformation*, N.Y. TIMES (July 16, 2021), at <https://www.nytimes.com/2021/07/16/us/politics/biden-facebook-social-media-covid.html>. The New York Times reported that “this week, White House officials went further and singled out social media companies for allowing false information to proliferate. That came after weeks of

failed attempts to get Facebook to turn over information detailing what mechanisms were in place to combat misinformation about the vaccine, according to a person familiar with the matter.” *Id.*

182. The same day, July 16, 2021, Psaki explicitly called for social-media companies to coordinate with *each other* in censoring disfavored speakers, to ensure that such speakers are completely muzzled. “You shouldn’t be banned from one platform and not others . . . for providing misinformation out there.” White House, Press Briefing by Press Secretary Jen Psaki, July 16, 2021, at <https://www.whitehouse.gov/briefing-room/press-briefings/2021/07/16/press-briefing-by-press-secretary-jen-psaki-july-16-2021/>. On information and belief, social-media companies have heeded this demand, and they do, in fact, coordinate extensively with each other in censorship of disfavored speakers, speech, and viewpoints on social media.

183. Psaki also demanded that social-media companies “create robust enforcement strategies,” “tak[e] faster action against harmful posts,” and “promot[e] quality information algorithms”—which is a euphemism for algorithms that suppress disfavored messages. *Id.* When asked whether Facebook’s already-aggressive censorship—it claimed to have suppressed 18 million pieces of COVID-19-related “misinformation”—was “sufficient,” she responded, “Clearly not, because we’re talking about additional steps that should be taken.” *Id.*

184. Four days later, July 20, 2021, the White House explicitly threatened to amend or repeal the liability protections of § 230 of the Communications Decency Act if social-media companies did not increase censorship of disfavored speakers and viewpoints. *‘They Should Be Held Accountable’: White House Reviews Platforms’ Misinformation Liability*, USA TODAY (July 20, 2021), at <https://www.usatoday.com/story/news/politics/2021/07/20/white-house-reviews-section-230-protections-covid-misinformation/8024210002/>. The White House communications director announced that “[t]he White House is assessing whether social media platforms are legally

liable for misinformation spread on their platforms.” *Id.* “We’re reviewing that, and certainly, they should be held accountable,” she said. *Id.*

185. She “specified the White House is examining how misinformation fits into the liability protections granted by Section 230 of the Communications Decency Act, which shields online platforms from being responsible for what is posted by third parties on their sites.” *Id.* Media reported that, in connection with this threat, “Relations are tense between the Biden administration and social media platforms, specifically Facebook, over the spread of misinformation online.” *Id.*; see also, e.g., *White House says social media networks should be held accountable for spreading misinformation*, CNBC.com (July 20, 2021), at <https://www.cnbc.com/2021/07/20/white-house-social-networks-should-be-held-accountable-for-spreading-misinfo.html>. When asked whether the President is “open to amending 230 when Facebook and Twitter and other social media outlets spread false information that cause Americans harm, shouldn’t they be held accountable in a real way?” White House Communications Director Bedingfield responded, “We’re reviewing that and certainly they should be held accountable. And I think you heard the president speak very aggressively about this. He understands that this is an important piece of the ecosystem.” *Id.*

186. After this series of public statements, responding to “White House pressure,” Facebook censored the accounts of the 12 specific disfavored speakers whom Psaki accused of spreading health misinformation. *Facebook takes action against ‘disinformation dozen’ after White House pressure*, CNN.com (Aug. 18, 2021), at <https://www.cnn.com/2021/08/18/tech/facebook-disinformation-dozen/index.html>. Psaki had “hammered the platform in July for allowing the people identified in the report to remain on its platform.” *Id.* After they were singled out for censorship by the White House, Facebook “removed

over three dozen Pages, groups and Facebook or Instagram accounts linked to these 12 people, including at least one linked to each of the 12 people, for violating our policies.” *Id.*

187. In the same time frame, Twitter permanently suspended the account of prominent lockdown critic Alex Berenson, despite repeated reassurances from high-level Twitter executives that his account was safe, just days after Dr. Fauci singled him out as a danger for suggesting young people might reasonably decline the vaccine.

188. On October 29, 2021, the Surgeon General tweeted from his *official* account (as opposed to his personal account, which remains active), in a thread: “We must demand Facebook and the rest of the social media ecosystem take responsibility for stopping health misinformation on their platforms. The time for excuses and half measures is long past. We need transparency and accountability now. The health of our country is at stake.” *See* https://twitter.com/Surgeon_General/status/1454181191494606854.

189. Defendants’ response to this censorship was to demand still more censorship by social-media platforms, including but not limited to Facebook. “[A]fter Facebook’s action against the ‘disinformation dozen,’ a White House spokesperson continued to strongly criticize the company.” *Id.* ““In the middle of a pandemic, being honest and transparent about the work that needs to be done to protect public health is absolutely vital, but Facebook still refuses to be straightforward about how much misinformation is circulating—and being actively promoted—on their platform,” a White House spokesperson told CNN Business. ‘It’s on everyone to get this right so we can make sure the American people are getting accurate information to protect the health of themselves and their loved ones -- which is why the Administration will continue to push leaders, media outlets, and leading sources of information like Facebook to meet those basic expectations,’ the spokesperson added.” *Id.*

190. On February 1, 2022, Psaki was asked at a White House press conference whether the Administration was satisfied with Spotify’s decision to affix advisory warnings to Joe Rogan’s immensely popular podcast, which featured speakers that contradicted the Administration’s messaging about COVID-19 and vaccines, or whether the government “think[s] that companies like Spotify should go further than just, you know, putting a label on” disfavored viewpoints and speakers. Psaki responded by demanding that Spotify and other platforms “do[] more” to block disfavored speech: “[O]ur hope is that all major tech platforms ... be vigilant to ensure the American people have access to accurate information on something as significant as COVID-19. So, this disclaimer – it’s a positive step. But we want every platform to continue *doing more* to call out ... mis- and disinformation while also uplifting accurate information.” She stated that Spotify’s advisory warnings are “a good step, it’s a positive step, but *there’s more that can be done.*” White House, *Press Briefing by Press Secretary Jen Psaki, February 1, 2022* (emphases added), at <https://www.whitehouse.gov/briefing-room/press-briefings/2022/02/01/press-briefing-by-press-secretary-jen-psaki-february-1-2022/>.

191. On March 3, 2022, the Surgeon General issued a formal “Request for Information” on the “Impact of Health Misinformation” on social media. HHS, *Impact of Health Misinformation in the Digital Information Environment in the United States Throughout the COVID-19 Pandemic Request for Information* (RFI), 87 Fed. Reg. 12,712-12,714 (March 2, 2022).

192. In the RFI, “[t]he Office of the Surgeon General requests input from interested parties on the impact and prevalence of health misinformation in the digital information environment during the COVID–19 pandemic.” *Id.* at 12,712. The RFI states that “the speed, scale, and sophistication with which misinformation has been spread during the COVID-19 pandemic has been unprecedented,” and it implies that social-media companies are to blame,

carrying a clear threat of future regulation: “This RFI seeks to understand both the impact of health misinformation during the COVID–19 pandemic and the unique role that technology and social media platforms play in the dissemination of critical health information during a public health emergency.” *Id.* at 12,713.

193. The RFI seeks specific information about health “misinformation” on such social-media platforms: “Information about how widespread COVID–19 misinformation is on individual technology platforms including: General search engines, content sharing platforms, social media platforms, e-commerce platforms, crowd sourced platforms, and instant messaging systems.” *Id.*

194. The RFI seeks: “Any aggregate data and analysis on how many users were exposed, were potentially exposed, or otherwise engaged with COVID–19 misinformation,” where “[e]xposure is defined as seeing content in newsfeeds, in search results, or algorithmically nominated content,” and “[p]otential exposure is the exposure users would have had if they could see all the content that is eligible to appear within their newsfeeds.” *Id.* at 12,714. It also seeks “[i]nformation about COVID–19 misinformation policies on individual technology platforms,” including “[a]ny aggregate data and analysis of technology platform COVID–19 misinformation policies including implementation of those policies and evaluations of their effectiveness.” *Id.*

195. Media reports aptly described Murthy as “demand[ing]” information about the major sources of COVID-19 misinformation by May 2, 2022. Brad Dress, *Surgeon General Demands Data on COVID-19 Misinformation from Major Tech Firms*, THE HILL (March 3, 2022), at <https://thehill.com/policy/healthcare/596709-surgeon-general-demands-data-on-covid-19-misinformation-from-major-tech/>. “In a formal notice, Murthy requested major tech platforms submit information about the prevalence and scale of COVID-19 misinformation on their sites, from social networks, search engines, crowdsourced platforms, e-commerce platforms and instant

messaging systems.” *Id.* “In his notice to major tech platforms, Murthy is requesting specific information on demographics affected by misinformation as well as sources of misinformation and ‘exactly how many users saw or may have been exposed to instances of Covid-19 misinformation.’” *Id.*

196. On or around July 27, 2022, a limited number of emails between CDC officials and representatives of social-media platforms from late 2020 and early months of 2021 became publicly available, over a year after they had been requested under FOIA. These newly revealed emails—which are attached as Exhibit A, and incorporated by reference herein—confirm the allegations of collusion between HHS officials and social-media platforms to censor disfavored speech, speakers, and viewpoints, as alleged herein.

197. These emails indicate that Defendant Carol Y. Crawford of CDC and other CDC officials frequently communicated and coordinated with social-media platforms, including Facebook/Meta, Twitter, Google/YouTube, and Instagram, regarding the censorship of speech on social-media platforms, including flagging specific content for censorship. During 2021, Crawford organized “Be On the Lookout” or “BOLO” meetings on “misinformation” with representatives of social-media platforms—including Twitter, Facebook/Meta, and Google/YouTube—in which she and other federal officials colluded and/or collude with those platforms about speech to target for suppression. These meetings include Crawford and other federal officials flagging specific social-media posts for censorship and providing examples of the types of posts to censor. Crawford emailed “slides” from the “BOLO” meetings to participants afterwards. These slides included repeated examples of specific posts on social-media platforms flagged for censorship. The slides called for “all” social-media platforms to “Be On the Lookout”

for such posts. Crawford cautioned the meeting participants, with respect to these slides, “[p]lease do not share outside your trust and safety teams.”

198. Officials of the Census Bureau participated and/or participate in these BOLO meetings, including Defendant Jennifer Shopkorn and Christopher Lewitzke, who is a Senior Digital Marketing Associate with Reingold, a communications firm that was, on information and belief, acting on behalf of the Census Bureau. Crawford’s emails indicate that the Census Bureau and its officials and agents, such as Lewitzke and Shopkorn, play an important, active, and ongoing role in colluding with social-media platforms to censor disfavored speech. On March 18, 2021, Crawford emailed Twitter officials and stated that “[w]e are working on a project with Census to leverage their infrastructure to identify and monitor social media for vaccine misinformation,” and stated that “[w]e would like the opportunity to work with your trust team on a regular basis to discuss what we are seeing.” She also noted that “I understand that you did this with Census last year as well.” Twitter responded by stating, “With our CEO testifying before Congress this week is tricky,” but otherwise agreed to the collusive arrangement. Likewise, in subsequent emails to Twitter (on May 6) and Facebook (on May 10), Crawford noted to the social-media platform officials that “[o]ur census team,” *i.e.*, Lewitzke and Shopkorn, who were cc’ed on the emails, “has much more info on it if needed” regarding “some example posts” of “misinfo” that she flagged for censorship.

199. Defendants Crawford and others, including the Census officials and agents Lewitzke and Shopkorn, took other steps to procure the censorship of disfavored speech on social media. For example, on May 10, 2021, Crawford emailed Twitter officials to flag “two issues that we are seeing a great deal of misinfo about,” noting that Lewitzke and Shopkorn “ha[ve] much more info on it if needed.” The same email included 13 specific Twitter posts as examples of the

sort of posts to be censored. On May 6, 2021, Crawford sent a similar email to Meta/Facebook officials, also copying Lewitzke and Shophorn and stating that they have “much more info” about the issue; this email included 16 specific posts from Facebook and Instagram as examples of posts to be targeted for censorship. On May 12, 2021, Crawford emailed Facebook officials to flag “some new info on myths your misinfo folks might be interested in,” with links to specific issues of “misinformation” for Facebook to censor. On April 9, 2021, Crawford agreed with a Twitter official that CDC would provide “examples of problematic content” posted on Twitter, and the Twitter official noted that “all examples of misinformation are helpful.” Calendar invites from early 2021 indicate that Crawford, Jay Dempsey, and other CDC officials participated in Facebook’s “weekly sync with CDC,” with “CDC to invite other agencies as needed.”

200. In another exchange of emails, Crawford agreed with Facebook officials that CDC would participate in a COVID-19 “misinfo reporting channel,” and arranged for CDC officials to have training on the use of Facebook’s “misinfo reporting channel.” On information belief, Crawford’s “team” at CDC, as well as Shopkorn and Lewitzke from Census, were “onboarded” onto Facebook’s “misinfo reporting channel.” A calendar invite in May 2021 included Crawford, Lewitzke, Shopkorn, other CDC officials, and other Reingold employees who were, on information and belief, acting on behalf of the Census Bureau, to participate in the “onboarding” onto Facebook’s “misinfo reporting channel.”

201. Crawford’s communications with Facebook indicate that CDC, the Census Bureau, and other government agencies collaborate with Facebook to flag speech regarding both COVID-19 and elections for censorship using “CrowdTangle,” which Facebook describes as “a Facebook tool that tracks how content spreads online.” An email from a Facebook official to Crawford stated that, using CrowdTangle, “[w]hen health departments flag potential vaccine misinformation on

Facebook and Instagram, we review and remove the content if it violates our policies... This is similar to how governments and fact-checkers use CrowdTangle ahead of *elections*....” (Emphasis added.)

202. Additional communications between CDC and social-media platforms reflect an ongoing, close, and continuing collaboration, effectively amounting to a joint enterprise, on censorship of COVID-19 “misinformation” and related issues. *See* Ex. A. For example, the communications reflect close coordination on creating and publishing content on behalf of CDC on social-media platforms, and artificially “amplifying” government messaging on social-media to the suppression of private messaging, including a gift of \$15 million in Facebook ad credits from Facebook to CDC. They also reflect close coordination on amplifying CDC’s content and other related issues.

4. White House and DHS officials collude with social-media firms to suppress speech.

203. On information and belief, senior officials in the Biden Administration and the Department of Homeland Security are also colluding with social-media companies to suppress disfavored speakers and viewpoints. These efforts include censorship of disfavored content and viewpoints about election integrity and COVID-19, among other topics, under the guise of suppressing “misinformation” and “domestic terrorism.” These efforts culminated with the Orwellian announcement of the creation of a “Disinformation Governance Board” within DHS.

204. A direct forum for government officials to call for social-media censorship of election-related “misinformation” was already in place during the general election cycle of 2020.

205. In August 2020, social-media firms “met with federal government officials to discuss how to handle misinformation during this month’s political conventions and election results this fall.” Ingram et al., *Big Tech met with govt to discuss how to handle election results*,

NBC News (Aug. 20, 2022), at <https://www.nbcnews.com/tech/tech-news/big-tech-met-gov-t-discuss-how-handle-election-results-n1236555>.

206. This was one of a “series” of meetings between major social-media companies and government officials about the suppression of election-related “misinformation”: ““We held the latest in a series of meetings with government partners today where we each provided updates on what we’re seeing on our respective platforms and what we expect to see in the coming months,” companies including Google, Facebook, Twitter and Reddit said in a joint statement after the meeting.” *Id.* “The statement also included Microsoft, Verizon Media, Pinterest, LinkedIn and the Wikimedia Foundation, which operates Wikipedia and other sites.” *Id.*

207. The discussion was reported as “one in a series of monthly meetings between the government and tech companies” and involved “back-and-forth conversation on a variety of topics.” *Id.* Neither the “topics” of the “conversation” nor the particular participants on behalf of the government were disclosed. *Id.* “According to the industry statement, participants in Wednesday’s meeting also included representatives from the FBI’s foreign influence task force, the Justice Department’s national security division, the Office of the Director of National Intelligence and the Cybersecurity and Infrastructure Security Agency.” *Id.* “The companies said they would continue to meet regularly before the November election.” *Id.*

208. On September 28, 2020, the Biden-Harris campaign sent a letter to Facebook demanding that Facebook take “more aggressive” action to censor statements by President Trump and the Trump campaign that raised concerns about election security and the security of voting by mail. Sept. 28, 2020 Biden-Harris Letter, <https://www.documentcloud.org/documents/7219497-Facebook-Letter-9-28.html>. The letter accused Facebook of being a “propagator of disinformation” for refusing to censor the rival campaign’s core political speech, thus promoting

“distrust in our democracy” and threatening to “undermine democracy.” *Id.* The Biden-Harris campaign described the Trump campaign’s political speech as “dangerous claptrap” and argued that “[r]emoving this video should have been the easiest of calls.” *Id.* The letter demanded that Facebook “remove Mr. Trump’s posts, which violate your policies.” *Id.* (underline in original).

209. The same letter complained that Facebook’s “algorithm” permitted Trump’s political speech to reach millions of people. It complained about the successful reach on Facebook of political speech that it opposed, bemoaning the fact that “a hyperpartisan propaganda organ like the *Daily Wire* is Facebook’s top web publisher.” *Id.* The Biden-Harris campaign accused Facebook of allowing speech that it favored “to be drowned out by a storm of disinformation.” *Id.* And it concluded, “We will be calling out those failures [to censor Trump’s political speech] as they occur over the coming 36 days,” *i.e.*, until the November 2020 general election. *Id.*

210. On information and belief, responding to prior threats from Defendants and those acting in concert with them, Facebook complied with this demand and did engage in “more aggressive” censorship of the Trump campaign’s core political speech from then on, resulting in an aggressive campaign to suppress President Trump and his campaign’s political speech, especially on issues related to election security. In the wake of the Biden-Harris letter, Facebook declared that it “won’t allow ads with content that seeks to delegitimize the outcome of an election,” and it ramped up censorship of Trump’s political speech thereafter.

211. As one commentator noted, “It’s no surprise that Facebook’s policy change happened the same week that the Biden campaign demanded Trump’s Facebook posts be censored.” Alexander Hall, *Liberal Media Used to Warn Against Mailing Votes; Now Big Tech, Left Are Protecting It* (Oct. 30, 2020), at <https://www.newsbusters.org/blogs/free-speech/alexander-hall/2020/10/30/liberal-media-used-warn-against-mailing-votes-now-big>.

212. At the same time, “Twitter also modified its rules, stating: ‘we may label and reduce the visibility of Tweets containing false or misleading information about civic processes in order to provide additional context’ in its Civic integrity policy.” *Id.*

213. Both platforms ramped up censorship of core political speech of President Trump and his campaign, as well as core political speech by others favoring their messages and campaigns, in the critical final month before the 2020 general election, resulting in egregious acts of censorship. These acts of censorship included suppression of expressions of concern about election security as a result of the massive increase in voting by mail during the 2020 general election.

214. In perhaps the most notorious example, as noted above, Twitter, Facebook, and other social-media companies censored the New York Post’s entirely truthful and carefully sourced article about Hunter Biden’s laptop on October 14, 2020, as discussed further above. This censorship included locking the New York Post’s social-media accounts for weeks until after the election.

215. According to one survey, sixteen percent of Biden voters polled stated that they would have changed their votes if they had known about the Hunter Biden laptop story before the election, which could have changed the outcome of the election.

216. This censorship required deliberate, aggressive action by social-media firms. “Facebook moderators had to manually intervene to suppress a controversial New York Post story about Hunter Biden, according to leaked moderation guidelines seen by the Guardian.” *Facebook leak reveals policies on restricting New York Post’s Biden story*, THE GUARDIAN (Oct. 30, 2020), at <https://www.theguardian.com/technology/2020/oct/30/facebook-leak-reveals-policies-restricting-new-york-post-biden-story>.

217. At the time, Facebook claimed that the censorship of the Hunter Biden laptop story was “part of our standard process to reduce the spread of misinformation. We temporarily reduce distribution pending factchecker review.” *Id.* But this was not true. In fact, Facebook imposed “special treatment” on the New York Post to suppress the story, which included “manually overrid[ing]” Facebook’s own guidelines for suppressing so-called “misinformation.” *Id.*

218. On December 10, 2020, nine Democratic House Members in the so-called “Congressional Task Force on Digital Citizenship” (a group of exclusively Democratic members of Congress) sent a letter to President-elect Biden, calling for the incoming Administration to create task forces that would increase censorship of “disinformation and misinformation” on social media. Dec. 10, 2020 Letter of Rep. Wexton, et al., at https://wexton.house.gov/uploadedfiles/12.10.20_house_democrats_disinformation_roadmap_to_president-elect_biden.pdf.

219. The letter decried the rise of “news environments online, which report vastly different information and do not offer the same editorial standards to protect against disinformation and misinformation that traditional news media do.” *Id.* It criticized social-media platforms for failing to censor “disinformation” more aggressively: “As social media platforms post record revenues from engagement, they seldom act as responsible information gatekeepers and, in fact, have financial incentives to direct users to posts that are false, misleading, or emotionally manipulative.” *Id.*

220. The letter called on President-elect Biden to “[s]upport collaboration between government and civic organizations to combat dangerous propaganda.” *Id.* The letter acknowledged that “social media platforms have taken some steps to limit the spread of harmful disinformation and misinformation over the past year,” but urged that these steps were not nearly

enough, arguing that “we can still see how easily this content is posted and amplified by bad actors and unknowing citizens,” that “platforms have financial incentives for engaging posts to reach larger audiences, regardless of the content,” and that “computer algorithms still make up a majority of content moderation, and platforms have at times refused to take action against accounts and groups promoting violence and hate speech.” *Id.*

221. The letter called for President-elect Biden to deploy the U.S. Department of Justice and the Department of Homeland Security to combat “disinformation,” and it called for more direct government involvement in policing the content of political speech on social media platforms, in order to “build citizen resilience to disinformation and support a healthy information ecosystem”—which is Newspeak for viewpoint- and content-based censorship.

222. In announcing the letter, its lead signer, Rep. Wexton, openly stated that Americans lack the sophistication to make their own judgments about truth and falsity of online speech, and that government-approved “gatekeepers” of information should be imposed: “In the letter, the Members recognize that, while a growing number of people in the U.S. are getting their news from social media platforms, many Americans are ill-equipped to recognize and sift through false, misleading, or emotionally manipulative posts. Additionally, there exists a lack of effective information gatekeepers to protect against disinformation threats online.” *See* Dec. 10, 2020 News Release, <https://wexton.house.gov/news/documentsingle.aspx?DocumentID=431>.

223. Consistent with this letter, the Biden Administration launched several initiatives designed to inject the power and authority of federal agencies like DHS into policing “disinformation” and “misinformation” online—which, all too often, means censoring core political speech disfavored by government officials.

224. On information and belief, DHS and its officials are actively engaged in this project of procuring the censorship of disfavored speakers, content, and viewpoints in speech about election integrity.

225. On May 3, 2021, it was reported that DHS intended to “partner with private firms,” *i.e.*, social-media companies, to monitor disfavored speech online. *Biden team may partner with private firms to monitor extremist chatter online*, CNN.com (May 3, 2021), at <https://www.cnn.com/2021/05/03/politics/dhs-partner-private-firms-surveil-suspected-domestic-terrorists/index.html>. The purpose of these “partnerships” was to evade legal, constitutional, and ethical problems with DHS’s direct surveillance of online speech: “The Department of Homeland Security is limited in how it can monitor citizens online without justification and is banned from activities like assuming false identities to gain access to private messaging apps.” *Id.* “Instead, federal authorities can only browse through unprotected information on social media sites like Twitter and Facebook and other open online platforms.” *Id.* “The plan being discussed inside DHS, according to multiple sources, would, in effect, allow the department to circumvent those limits.” *Id.* “Outsourcing some information gathering to outside firms would give DHS the benefit of tactics that it isn’t legally able to do in-house, such as using false personas to gain access to private groups used by suspected extremists, sources say.” *Id.*

226. As noted above, on May 5, 2021, Defendant Psaki stated at a White House press conference that “[t]he President’s view is that the major platforms have a responsibility related to the health and safety of all Americans to stop amplifying untrustworthy content, disinformation, and misinformation, especially related to COVID-19, vaccinations, and *elections*.” White House, Press Briefing by Press Secretary Jen Psaki and Secretary of Agriculture Tom Vilsack, May 5, 2021 (emphasis added), at <https://www.whitehouse.gov/briefing-room/press->

briefings/2021/05/05/press-briefing-by-press-secretary-jen-psaki-and-secretary-of-agriculture-tom-vilsack-may-5-2021/. Psaki immediately went on to state that President Biden “supports better privacy protections and *a robust anti-trust program.*” *Id.* (emphasis added). And she stated that the President’s “view is that there’s more that needs to be done to ensure that this type of misinformation; disinformation; damaging, sometimes life-threatening information is not going out to the American public.” *Id.*

227. In the same press conference, Psaki notoriously went on to state, “We’re flagging problematic posts for Facebook that spread disinformation.” *Id.* On information and belief, especially in light of Psaki’s earlier reference to speech about “elections,” this statement about “flagging problematic posts” referred not just to social-media speech about COVID-19, but also social-media speech about election integrity. *See, e.g., White House says social media platforms should not amplify ‘untrustworthy’ content, REUTERS (May 5, 2021), at <https://www.reuters.com/article/ctech-us-trump-facebook-biden-idCAKBN2CM1XU-OCATC>.*

228. In June 2021, the National Security Council released its “National Strategy for Countering Domestic Terrorism.” *See The White House, National Strategy for Countering Domestic Terrorism (June 2021), at <https://www.whitehouse.gov/wp-content/uploads/2021/06/National-Strategy-for-Countering-Domestic-Terrorism.pdf>.* The “National Strategy” repeatedly claimed that “disinformation and misinformation” are important elements of “domestic terrorism.” *Id.* at 9. It claimed that the “ideologies” of domestic terrorists “connect and intersect with conspiracy theories and *other forms of disinformation and misinformation.*” *Id.* (emphasis added). It stated that such “elements” of domestic terrorism “can combine and amplify threats to public safety,” “[e]specially on Internet-based communications platforms such as social-media.” *Id.* (emphasis added). It stated that DHS and others “are

currently funding and implementing or planning” programs to “strengthen[] user resilience to disinformation and misinformation online for domestic audiences.” *Id.* at 20. The Strategy memo identified, as its “broader priority,” the task of “enhancing faith in government and addressing the extreme polarization, *fueled by a crisis of disinformation and misinformation often channeled through social media platforms*, which can tear Americans apart...” *Id.* at 29 (emphasis added). And it called for DHS and others to “accelerat[e] work to contend with an information environment that challenges healthy democratic discourse,” and to “find[] ways to counter the influence and impact” of online disinformation. *Id.*

229. On July 26, 2021, the Global Internet Forum to Counter Terrorism (GIFCT), an “organization formed by some of the biggest U.S. tech companies including Facebook and Microsoft,” which includes DHS on its board of advisors, announced that it is “significantly expanding the types of extremist content shared between firms in a key database,” to move from images and videos to content-based speech tracking. *Facebook and tech giants to target attacker manifestos, far-right militias in database*, REUTERS (July 26, 2021), at <https://www.reuters.com/technology/exclusive-facebook-tech-giants-target-manifestos-militias-database-2021-07-26/>.

230. “GIFCT ... was created in 2017 under pressure from U.S. and European governments,” and “its database mostly contains digital fingerprints of videos and images related to groups on the U.N. Security Council’s consolidated sanctions list and a few specific live-streamed attacks.” *Id.* “Until now, the Global Internet Forum to Counter Terrorism’s (GIFCT) database has focused on videos and images from terrorist groups on a United Nations list,” but now the group announced that it would move into content-based speech tracking. *Id.* On

information and belief, DHS officials including Defendants have access to such database(s) as tools to advance censorship of online speech.

231. Shortly thereafter, on August 2, 2021, DHS Secretary Mayorkas announced that DHS was working directly with social-media companies to censor disfavored speech on social-media platforms. “On [a] broadcast of MSNBC’s ‘Andrea Mitchell Reports,’ DHS Secretary Alejandro Mayorkas stated that the department is working with tech companies ‘that are the platform for much of the disinformation that reaches the American public, how they can better use their terms of use to really strengthen the legitimate use of their very powerful platforms and prevent harm from occurring.’” *Mayorkas: We’re Working with Platforms on ‘How They Can Better Use’ Their Terms to ‘Prevent Harm’ from Misinformation*, BREITBART NEWS (Aug. 2, 2021), at <https://www.breitbart.com/clips/2021/08/02/mayorkas-were-workgin-with-platforms-on-how-they-can-better-use-their-terms-to-prevent-harm-from-misinformation/>.

232. Echoing Psaki’s comments at the July 15, 2021 news conference with Surgeon General Murthy, Mayorkas stated: “So, we’re working together with them. We’re working with the tech companies that are the platform for much of the disinformation that reaches the American public, how they can better use their terms of use to really strengthen the legitimate use of their very powerful platforms and prevent harm from occurring.” *Id.* On information and belief, the reference to “us[ing] their terms of use to really strengthen the legitimate use of their very powerful platforms and prevent harms from occurring” refers to government-induced censorship of disfavored viewpoints, speakers, and content.

233. Mayorkas added that there was a federal-government-wide effort to police speech on social media, stating: “[T]he connectivity between speech and violence, the connectivity between active harm and speech is something that we’re very focused on, and it’s a difficult

challenge. But we're working on it and meeting that challenge, again, because of the great personnel of the Department of Homeland Security and *across the federal enterprise.*" *Id.* (emphasis added).

234. Soon after Mayorkas's August 2, 2021 comments, DHS officials began plotting to create a "Disinformation Governance Board" within DHS. *See* ECF No. 10-1, at 19-23 (Glenn Decl. Ex. 1, at 6-10). On September 13, 2021, senior DHS officials Robert Silvers and Samantha Vinograd sent a memorandum to Secretary Mayorkas recommending the creation of the Disinformation Governance Board. The opening sentence of the Memorandum noted that the Board's purpose would be to combat "[t]he spread of disinformation" regarding "[c]onspiracy theories about the validity and security of elections," including "disinformation surrounding the validity of the 2020 election," and "[d]isinformation related to the origins and effects of COVID-19 vaccines or the efficacy of masks," which "undercut[] public health efforts to combat the pandemic." *Id.* at 19.

235. The same Memorandum noted that CISA was involved in flagging content for censorship on social-media platforms: "Leading up to the 2020 election, CISA relayed reports of election disinformation from election officials to social media platform operators." *Id.* at 20. The Memorandum called for the Board to perform "partner engagement" with "private sector entities [and] tech platforms." *Id.* at 22.

236. In a subsequent Memorandum dated January 31, 2022, DHS officials indicated that the Board's activities would oversee extensive *pre-existing* social-media censorship activities by other federal officials and agencies: "The Board will also support and coordinate ... MDM work with other departments and agencies, the private sector, and non-government actors." *Id.* at 24. This Memorandum attached the Board's Charter, which stated that its mission was to "guide and

support the Department’s efforts to address mis-, dis-, and mal-information.” *Id.* at 27. It also stated that the Board would “harmonize and support coordination with ... the private sector.” *Id.* The Charter called for the Board to “coordinate, deconflict, and harmonize departmental efforts to address MDM,” including between “DHS Components” and “interagency partners,” and “serving as the Department’s internal and external point of contact for coordination with ... the private sector ... regarding MDM.” *Id.* at 28-29.

237. Under continuous pressure from federal officials, including Defendants herein, social-media firms have imposed increasingly draconian censorship on core political speech about election integrity. For example, in March 2022, YouTube imposed a one-week suspension on The Hill, a well-known political publication covering Congress, for posts that included clips of former President Trump’s speech at the CPAC conference and interview on Fox News, which included claims that fraud changed the outcome of the 2020 presidential election. Gilead Edelman, *Beware the Never-Ending Disinformation Emergency*, THE WIRED (March 11, 2022), at <https://www.wired.com/story/youtube-rigged-election-donald-trump-moderation-misinformation/>. YouTube relied on its “Elections misinformation policy,” under which it censors “Content that advances false claims that widespread fraud, errors, or glitches changed the outcome of *select past national elections*, after final election results are officially certified.” YouTube, *Elections Misinformation Policy*, <https://support.google.com/youtube/answer/10835034?hl=en>.

238. This policy is openly content- and viewpoint-based—it applies only to “select” past national elections, and “[u]nder the policy, you can only include those claims if you explicitly debunk or condemn them.” Edelman, *supra*. On information and belief, this policy is also selective in application, as it is not applied to censor widespread, false Democratic claims that supposed “collusion” between the Trump campaign and Russia changed the outcome of the 2016

presidential election. And “by asking news hosts to explicitly denounce any mention of election fraud, YouTube isn’t just making its own content decisions; it’s injecting itself into the editorial processes of actual media outlets.” *Id.*

239. On November 10, 2021, the Cybersecurity and Infrastructure Security Agency (CISA), an agency within DHS, announced that it was “beefing up its disinformation and misinformation team in the wake of a divisive presidential election that saw a proliferation of misleading information online.” *Cyber agency beefing up disinformation, misinformation team, THE HILL* (Nov. 10, 2021), at <https://thehill.com/policy/cybersecurity/580990-cyber-agency-beefing-up-disinformation-misinformation-team/>. “‘I am actually going to grow and strengthen my misinformation and disinformation team,’ CISA Director Jen Easterly said.” *Id.* Defendant Easterly said that so-called “disinformation” and “misinformation” pose “a top threat for CISA, which is charged with securing critical infrastructure, to confront.” *Id.*

240. Indulging in a bit of Newspeak of her own, Easterly claimed that social-media speech is a form of “infrastructure,” and that policing speech online by the federal government falls within her agency’s mission to protect “infrastructure,” stating that CISA is “in the business of critical infrastructure, and the most critical infrastructure is our cognitive infrastructure, so building that resilience to misinformation and disinformation, I think, is incredibly important.” *Id.*

241. Easterly announced that CISA was working directly with unnamed “partners in the private sector” and other government agencies to police online speech: “We are going to work with our partners in the private sector and throughout the rest of the government and at the department to continue to ensure that the American people have the facts that they need to help protect our critical infrastructure.” *Id.*

242. With specific reference to hotly disputed election-integrity issues, which comprise core political speech, Easterly stated that Americans should not be allowed to “pick [their] own facts” and make their own decisions about what is true, especially regarding election security: “We now live in a world where people talk about alternative facts, post-truth, which I think is really, really dangerous if you get to pick your own facts, and it’s particularly corrosive when you talk about matters of election security.” *Id.* Instead, she indicated, federal officials like herself should intervene to help Americans “pick” the right “facts.” *Id.*

243. CISA appears to be the focus of many of DHS’s attempts to police the content of speech and viewpoints on social media. On information and belief, CISA maintains a number of task forces, working groups, and similar organizations as joint government-private enterprises, which provide avenues for government officials to push for censorship of disfavored viewpoints and speakers online.

244. In a 2020 document entitled “2020 Election Infrastructure Subsector-Specific Plan,” at https://www.cisa.gov/sites/default/files/publications/election_infrastructure_subsector_specific_plan.pdf, CISA stated that it had partnered to “promote” interaction between election officials and the Center for Technology and Civic Life, the now-notorious nonprofit funded by Mark Zuckerberg that engaged in egregious election interference by injecting hundreds of millions of private dollars and personnel into local election offices in heavily Democratic-favoring areas.

245. CISA routinely expands the definitions of “misinformation” and “disinformation” to include “malinformation,” *i.e.* *truthful* information that the government believes is presented out of context to contradict left-wing political narratives. CISA defines “malinformation” as information that is “based on fact, but used out of context to mislead, harm, or manipulate.” *See*,

e.g., CISA, *We're in This Together. Disinformation Stops with You*. (last visited May 5, 2022), https://www.cisa.gov/sites/default/files/publications/SLTTCOVIDToolkit_FINAL_508.pdf.

246. CISA's same publication decries the spreading of "false treatment and prevention measures [for COVID-19], *unsubstantiated rumors regarding the origin of the virus*, and more." *Id.* (emphasis added). On information and belief, "unsubstantiated rumors regarding the origin of the [COVID-19] virus" refers to the lab-leak theory of COVID-19's origins, which (as noted above) is supported by compelling circumstantial evidence, both scientific and historical.

247. CISA's "Mis-, Dis-, and Malinformation [MDM] Planning and Incident Response Guide for Election Officials," at https://www.cisa.gov/sites/default/files/publications/mdm-incident-response-guide_508.pdf, calls for constant policing of speech regarding election integrity, stating that "election infrastructure related MDM occurs year-round," and "[f]alse narratives erode trust and pose a threat to democratic transitions, especially, but not limited to, narratives around election processes and the validity of election outcomes." *Id.* The Guide defines MDM to include "[n]arratives or content that delegitimizes election results or sows distrust in the integrity of the process based on false or misleading claims." *Id.*

248. On February 7, 2022, DHS issued a National Terrorism Advisory Bulletin, available at <https://www.dhs.gov/ntas/advisory/national-terrorism-advisory-system-bulletin-february-07-2022>. It begins by stating: "The United States remains in a heightened threat environment fueled by several factors, including an online environment filled with false or misleading narratives and conspiracy theories, and other forms of mis- dis- and mal-information (MDM)." *Id.* The first critical "factor" contributing to a "heightened threat environment," according to the Bulletin, is "(1) the proliferation of false or misleading narratives, which sow discord or undermine public trust in U.S. government institutions." *Id.* Again, the first "[k]ey

factor contributing to the current heightened threat environment” identified in the Bulletin is “[t]he proliferation of false or misleading narratives, which sow discord or undermine public trust in U.S. government institutions: For example, there is widespread online proliferation of false or *misleading narratives regarding unsubstantiated widespread election fraud and COVID-19*. Grievances associated with these themes inspired violent extremist attacks during 2021.” *Id.* (emphasis added). The Bulletin stated that DHS is directly coordinating with social-media platforms to address so-called “MDM”: “DHS is working with public and private sector partners, as well as foreign counterparts, to identify and evaluate MDM, including false or misleading narratives and conspiracy theories spread on social media and other online platforms that endorse or could inspire violence.” *Id.* And it specifically stated that CISA likewise “works with public and private sector partners ... [to] increase nationwide cybersecurity resilience.” *Id.*

249. This February 7, 2022 Bulletin echoed statements from prior bulletins indicating that so-called COVID-19 “misinformation” and election-related “misinformation” are domestic terror threats. For example, DHS’s January 27, 2021 National Terrorism Advisory System Bulletin, available at <https://www.dhs.gov/ntas/advisory/national-terrorism-advisory-system-bulletin-january-27-2021>, stated that “Domestic Violent Extremists” are “motivated by a range of issues, including anger over COVID-19 restrictions [and] the 2020 election results....” *Id.* Similarly, DHS’s August 13, 2021 National Terrorism Advisory System Bulletin, available at <https://www.dhs.gov/ntas/advisory/national-terrorism-advisory-system-bulletin-august-13-2021>, stated that “violent extremists ... may seek to exploit the emergence of COVID-19 variants by viewing the potential re-establishment of public health restrictions across the United States as a rationale to conduct attacks.” *Id.* It stated that “domestic threat actors ... continue to introduce, amplify, and disseminate narratives online that promote violence,” and included therein

“conspiracy theories on perceived election fraud ... and responses to anticipated restrictions relating to the increasing COVID cases.” *Id.*

250. On April 12, 2022, CISA published another bulletin announcing that it was coordinating directly with social-media platforms to police “Mis, Dis, Malinformation” (which it calls “MDM”). CISA, *Mis, Dis, Malinformation*, at <https://www.cisa.gov/mdm>. The bulletin states that, “False or misleading information can evoke a strong emotional reaction that leads people to share it without first looking into the facts for themselves, polluting healthy conversations about the issues and increasing societal divisions.” *Id.* CISA reported that its Countering Foreign Influence Task Force’s “mission evolved” during the Biden Administration to address the new “information environment,” which (on information and belief) is codespeak for ramping up online censorship: “In 2021, the CFITF officially transitioned into CISA’s MDM team, and the mission evolved to reflect the changing information environment.” *Id.* CISA stated that it coordinates directly with social media firms to address “MDM”: “The MDM team continues to work in close coordination with interagency and private sector partners, *social media companies*, academia, and international partners on a variety of projects to build resilience against malicious information activities.” *Id.* (emphasis added).

251. On information and belief, the April 12, 2022, CISA bulletin indicates that CISA works directly with social-media companies to flag content for censorship: “The MDM team serves as a switchboard for routing disinformation concerns to appropriate social media platforms....” *Id.* CISA boasts that it has “expanded the breadth of reporting [MDM] to include ... more social media platforms,” and that “[t]his activity leverages the rapport the MDM team has with the social media platforms to enable shared situational awareness.” *Id.* On information and belief, these statements reflect and express on ongoing practice by government officials of directly

colluding with social-media platforms to suppress disfavored speech, viewpoints, content, and speakers on social media. Again, these statements echo Psaki's statement that the Biden Administration is "flagging problematic posts for Facebook," and Mayorkas's statement that DHS is "working with the tech companies that are the platform for much of the disinformation that reaches the American public" to address so-called misinformation and disinformation.

252. The same bulletin suggests that CISA is directly involved in such "flagging" related to COVID-19 "misinformation." It states that "COVID-19-related MDM activities seek to undermine public confidence and sow confusion," and claims that "the rapid evolution of accurate information makes older, dated information a potential catalyst of confusion and distrust as well." *Id.* Thus, it claims, "[t]he MDM team supports the interagency and *private sector partners'* COVID-19 response efforts via regular reporting and analysis of key pandemic-related MDM trends." *Id.* On information and belief, these "private sector partners" include social-media firms, and the "reporting and analysis" includes flagging disfavored content for censorship.

253. On April 27, 2022, Mayorkas announced that DHS was creating a "Disinformation Governance Board" within DHS to combat so-called "misinformation" and "disinformation." *Biden Administration creates 'Disinformation Governance Board' under DHS to fight 'misinformation,'* THE POST MILLENNIAL (April 27, 2022), at <https://thepostmillennial.com/breaking-biden-administration-creates-disinformation-governance-board-under-dhs-to-fight-misinformation>. "The Department of Homeland Security is setting up a new board designed to counter misinformation related to homeland security, with a focus specifically on Russia and irregular migration. The board will be called the 'Disinformation Governance Board,' and will be headed by executive director Nina Jankowicz." *Id.* During congressional testimony, Mayorkas described the endeavor as a "just recently constituted

Misinformation/Disinformation Governance Board.” *Id.* (video link at 1:40). He stated: “The goal is to bring the resources of the Department together to address this threat.” *Id.*

254. Jankowicz has called for more aggressive censorship of election-related speech by social-media platforms, and has implied that social-media censorship of election-related speech should never relent or be reduced, stating on Twitter: “Considering the long-term damage these lies do to our democracy, I’m dismayed about this decision [not to censor election-related speech more aggressively]. I say this about foreign disinformation and it applies to domestic disinfo too: Elections aren’t an end point. They’re an inflection point. Policies need to reflect that.” *Id.*

255. On information and belief, DHS’s new “Disinformation Governance Board” is intended to be used, and will be used, to increase DHS’s efforts to induce and procure the censorship of disfavored content, viewpoints, and speakers on social-media platforms.

256. From its inception, the DGB was envisioned as an agency for suppressing core political speech about election security and COVID-19 restrictions. In the internal memo to Secretary Mayorkas advocating for the DGB’s creation, the very first two topics of “disinformation” to be targeted were “conspiracies about the validity and security of elections,” and “disinformation related to the origins and effects of COVID-19 vaccines or the efficacy of masks.”

257. Internal documents of DHS, provided by whistleblowers to U.S. Senators, indicate that the “Disinformation Governance Board” was formulated to create a stronger bureaucratic structure to federal social-media censorship policies and activities that were already in full force, both within DHS and across other federal agencies. The whistleblower documents make clear that the DGB’s task was not to *establish* a censorship program, but to *oversee* the massive censorship

program against free speech on these topics that already exists—both within DHS, and across the federal government.

258. On information and belief, Defendants Robert Silvers and Samantha Vinograd played and play a central role in DHS’s censorship activities, including but not limited to the formulation and creation of the “Disinformation Governance Board.” The whistleblower documents cited above strongly support this conclusion. Silvers and Vinograd co-signed the September 13, 2021 “Memorandum for the Secretary” re “Organizing DHS Efforts to Counter Disinformation” that provided an overview of DHS’s disinformation activity and recommended the creation of the DGB. As noted above, the opening lines of this memo state that “[t]he spread of disinformation presents serious homeland security risks,” especially “[c]onspiracy theories about the validity and security of elections” and “[d]isinformation related to the origins and effects of COVID-19 vaccines or the efficacy of masks.” The memo reflects detailed knowledge and active oversight of DHS’s “misinformation” and “disinformation” activities. Further, Defendant Silvers authored the January 31, 2022 memo to the Secretary seeking his “approval of the charter for the Disinformation Governance Board,” and he authored a separate memorandum to DHS’s general counsel seeking the same approval. Silvers also is listed as a participant in the April 28, 2022 meeting with Twitter executives Nick Pickles and Yoel Roth organized by Nina Jankowicz, discussed below.

259. On April 28, 2022, Jankowicz arranged for a meeting between Secretary Mayorkas and/or other senior DHS officials, including Undersecretary Robert Silvers, and “Twitter executives Nick Pickles, Head of Policy, and Yoel Roth, Head of Site Integrity,” to discuss “public-private partnerships, MDM, and countering DVE. The meeting is off the record and closed press.” ECF No. 10-1, at 31 (Glenn Decl. Ex. 1, at 18). This was to be a cozy meeting: Jankowicz,

who drafted the meeting brief, noted that “Nick and Yoel both know DGB Executive Director Nina Jankowicz.” *Id.* The meeting was to be “an opportunity to discuss operationalizing public-private partnerships between DHS and Twitter.” *Id.* In the meeting, DHS was to “Propose that Twitter become involved in Disinformation Governance Board Analytic Exchanges on Domestic Violent Extremism (DVE) and Irregular Migration,” and to “Thank Twitter for its continued participation in the CISA Analytic Exchange on Election Security.” *Id.* DHS was also to “Ask what types of data or information would be useful for Twitter to receive in Analytic Exchanges or other ways the Department could be helpful to Twitter’s counter-MDM efforts.” *Id.*

5. Defendants reinforce their threats and admit further colluding to censor free speech.

260. On or around April 25, 2022—two days before DHS announced the creation of its “Disinformation Governance Board”—it was reported that free-speech advocate Elon Musk would acquire Twitter and make it a privately held company. Left-wing commentators widely decried this news on the ground that free speech on Twitter would allow the spread of so-called “misinformation” and “disinformation.”

261. On April 25, 2022, Psaki was asked at a White House press briefing to respond to the news that Elon Musk would acquire Twitter, and asked “does the White House have any concern that this new agreement might have President Trump back on the platform?” White House, *Press Briefing by Press Secretary Jen Psaki, April 25, 2022*, at <https://www.whitehouse.gov/briefing-room/press-briefings/2022/04/25/press-briefing-by-press-secretary-jen-psaki-april-25-2022/>.

262. Psaki responded by reiterating the threats of adverse legal consequences to Twitter and other social media platforms, specifically referencing antitrust enforcement and Section 230 repeal: “No matter who owns or runs Twitter, the President has long been concerned about the

power of large social media platforms ... [and] has long argued that tech platforms must be held accountable for the harms they cause. He has been a strong supporter of fundamental reforms to achieve that goal, including reforms to Section 230, enacting antitrust reforms, requiring more transparency, and more. And he's encouraged that there's bipartisan interest in Congress." *Id.*

263. At the same press briefing, Psaki was asked: "Are you concerned about the kind of purveyors of election misinformation, disinformation, health falsehoods, sort of, having more of an opportunity to speak there on Twitter?" She responded by specifically linking the legal threats to the social-media platforms' failure to more aggressively censor free speech: "We've long talked about and the President has long talked about his concerns about the power of social media platforms, including Twitter and others, to spread misinformation, disinformation; the need for these platforms to be held accountable."

264. Psaki was then asked a question that noted that "the Surgeon General has said that misinformation about COVID amounts to a public health crisis," and then queried, "would the White House be interested in working with Twitter like it has in the past to continue to combat this kind of misinformation? Or are we in a different part of the pandemic where that kind of partnership is no longer necessary?" *Id.*

265. Psaki responded by reaffirming that senior officials within the White House and/or the Administration are continuing to coordinate directly with social-media platforms to censor disfavored speakers and content on social media, and directly linking these efforts to the repeated threat of adverse legal action: "we engage regularly with all social media platforms about steps that can be taken that has continued, and I'm sure it will continue. But there are also reforms that we think Congress could take and we would support taking, including reforming Section 230,

enacting antitrust reforms, requiring more transparency. And the President is encouraged by the bipartisan support for — or engagement in those efforts.” *Id.*

6. Defendants have successfully procured the censorship of core political speech.

266. As a direct result of the conduct alleged herein, Defendants have achieved a great deal of success in procuring the censorship of disfavored speakers, viewpoints, and content on social media, as alleged further herein—including core political speech.

267. Among other things, they have achieved astonishing success in muzzling public criticism of President Biden. A recent review by the Media Research Center identified 646 instances over the last two years where social-media firms censored public criticism of then-Candidate and now-President Biden. *See* Joseph Vasquez and Gabriela Pariseau, *Protecting the President: Big Tech Censors Biden Criticism 646 Times Over Two Years* (April 21, 2022), at <https://censortrack.org/protecting-president-big-tech-censors-biden-criticism-646-times-over-two-years>.

268. “The Media Research Center found more than 640 examples of bans, deleted content and other speech restrictions placed on those who criticized Biden on social media over the past two years.” *Id.* “MRC Free Speech America tallied 646 cases in its CensorTrack database of pro-Biden censorship between March 10, 2020, and March 10, 2022. The tally included cases from Biden’s presidential candidacy to the present day.” *Id.*

269. “The worst cases of censorship involved platforms targeting anyone who dared to speak about any subject related to the *New York Post* bombshell Hunter Biden story. ... Big Tech’s cancellation of that story helped shift the 2020 election in Biden’s favor. Twitter locked the Post’s account for 17 days. In addition, Twitter slapped a ‘warning label’ on the GOP House Judiciary Committee’s website for linking to the Post story.” *Id.* “CensorTrack logged 140 instances of

users—including lawmakers, organizations, news outlets and media personalities—censored for sharing anything related to the bombshell Hunter Biden laptop story.” *Id.*

270. “Twitter was the most aggressive censor when it came to the Biden laptop story. CensorTrack entries show that users could not tweet the story or pictures of the Post story.”

271. “Big Tech even axed those who blamed the current inflation crisis on Biden. For example, Facebook censored Heritage Action, the advocacy arm of the conservative Heritage Foundation, on March 15, simply for posting a video quoting Biden’s embarrassing statements on energy policy. Facebook placed an interstitial, or filter, over Heritage Action’s video, suppressing the post’s reach. The video showed Biden and officials in his administration explaining how his policies would cause gas prices to rise.” *Id.*

272. “[T]he largest category by far included users who dared to call out Biden’s notoriously creepy, touchy-feely behavior around women and children. The 232 cases of comedic memes, videos, or generic posts about Biden’s conduct composed more than one-third of CensorTrack’s total instances of users censored for criticizing the president.” *Id.*

273. “Big Tech even went after posts that quoted Biden’s own words and made him look awful in retrospect.” *Id.*

274. “The list of censorship targets included an array of prominent influencers on social media: Trump; lawmakers like Sen. Ted Cruz (R-TX) and House Minority Leader Kevin McCarthy (R-CA); news outlets like the New York Post, The Washington Free Beacon and The Federalist; satire site The Babylon Bee; celebrities like Donald Trump Jr. and James Woods, and media personalities like Daily Wire host Candace Owens, Salem radio host Sebastian Gorka and radio host Dana Loesch.” *Id.*

275. Most recently, social-media platforms are beginning to censor criticisms of the Biden Administration’s attempt to redefine the word “recession” in light of recent news that the U.S. economy has suffered two consecutive quarters of reduction in GDP. *See, e.g., Economist slams Facebook for ‘absolutely Orwellian’ fact-check upholding Biden’s recession denial*, Fox News (Aug. 1, 2022), at <https://www.foxnews.com/media/economist-slams-facebook-absolutely-orwellian-fact-check-upholding-bidens-recession-denial>.

276. Thus, Defendants’ conduct alleged herein has created, with extraordinary efficacy, a situation where Americans seeking to exercise their core free-speech right to criticize the President of the United States are subject to aggressive prior restraint by private companies acting at the bidding of government officials. This situation is intolerable under the First Amendment.

7. Federal officials open new fronts in their war for censorship of disfavored speech.

277. Since this lawsuit was filed, federal officials, including Defendants herein, have expanded their social-media censorship activities and opened new fronts in their war against the freedom of speech on social media. The frontiers of government-induced censorship are thus expanding rapidly.

278. For example, on June 14, 2022, White House National Climate Advisor Gina McCarthy spoke at an Axios event titled “A conversation on battling misinformation.” *See Alexander Hall, Biden climate advisor demands tech companies censor ‘disinformation’ to promote ‘benefits of clean energy’, FOX NEWS* (June 14, 2022), at <https://www.foxnews.com/media/biden-climate-advisor-tech-companies-censor-disinformation-promote-benefits-clean-energy> (video of her comments embedded in link). McCarthy publicly demanded that social-media platforms engage in censorship and suppression of speech that contradicts federal officials’ preferred narratives on climate change.

279. During the event, “McCarthy skewered Big Tech companies for ‘allowing’ disinformation and cheered Congress for ‘taking action’ to enact more censorship last Thursday.” *Id.* “Axios political reporter Alexi McCammond asked McCarthy how so-called ‘rampant mis- and-disinformation around climate change online and in other platforms’ has ‘made your job harder?’” *Id.* “McCarthy responded by slamming social media companies: ‘We have to get tighter, we have to get better at communicating, and frankly, *the tech companies have to stop allowing specific individuals over and over again to spread disinformation.*’” *Id.* (emphasis added). “She suggested further that ‘we have to be smarter than that and *we need the tech companies to really jump in.*’” *Id.* (emphasis added). “McCammond responded by asking: ‘Isn’t misinformation and disinfo around climate a threat to public health itself?’ McCarthy asserted that it ‘absolutely’ is: ‘Oh, absolutely.’” *Id.*

280. Following the Administration’s now-familiar playbook, McCarthy explicitly tied these demands for censorship of climate-change-related speech to threats of adverse legislation: “McCarthy also praised Congress directly for pushing social media companies to censor Americans: ‘We do see Congress taking action on these issues, we do see them trying to tackle the misinformation that’s out there, trying to hold companies accountable.’” *Id.*

281. Two days later, the White House announced a new task force to address, among other things, “gendered disinformation” and “disinformation campaigns targeting women and LGBTQI+ individuals who are public and political figures, government and civic leaders, activists, and journalists.” White House, *Memorandum on the Establishment of the White House Task Force to Address Online Harassment and Abuse* (June 16, 2022), at <https://www.whitehouse.gov/briefing-room/presidential-actions/2022/06/16/memorandum-on-the-establishment-of-the-white-house-task-force-to-address-online-harassment-and-abuse/>.

282. The June 16 Memorandum decries “online harassment and abuse”—vague terms that, on information and belief, are deliberately adopted to sweep in constitutionally protected speech. In particular, the Memorandum defines “online harassment and abuse” to include “gendered disinformation,” a deliberately broad and open-ended term. *Id.* § 1. The Memorandum announces plans to target such “gendered disinformation” directed at public officials and public figures, including “women and LGBTQI+ political leaders, public figures, activists, and journalists.” *Id.* The Memorandum creates a Task Force co-chaired by the Assistant to the President for National Security Affairs, which includes the Secretary of Defense, the Attorney General, and the Secretary of Homeland Security, among others. *Id.*

283. The Task Force is charged with “developing programs and policies to address ... *disinformation campaigns* targeting women and LGBTQI+ individuals who are public and political figures, government and civic leaders, activists, and journalists in the United States and globally.” *Id.* § 4(a)(iv) (emphasis added). The Memorandum calls for the Task Force to consult and coordinate with “technology experts” and “industry stakeholders,” *i.e.*, social-media firms, to achieve “the objectives of this memorandum,” *id.* § 4(b). Those “objectives,” of course, include suppressing so-called “disinformation campaigns” against “public and political figures.” *Id.* § 4(a)(iv).

284. The Memorandum again threatens social-media platforms with adverse legal consequences if they do not censor aggressively enough to suit federal officials: “the Task Force shall ... submit periodic recommendations to the President on *policies, regulatory actions, and legislation on technology sector accountability* to address systemic harms to people affected by online harassment and abuse.” *Id.* § 5(c) (emphasis added).

285. On June 17, 2022, twenty-one Democratic U.S. Senators and Representatives sent a letter to Sundar Pichai, the CEO of Alphabet Inc., which owns Google, demanding that Google censor, suppress, and de-boost search results and Google Maps results for pro-life pregnancy resource centers. June 17, 2022 Letter of Sen. Mark Warner, et al., available at <https://reason.com/wp-content/uploads/2022/06/26F26BB28841042A7931EEC58AC80E08.anti-abortion-letter-to-google-final.pdf>. The letter’s co-signers included many of the Members of Congress who have previously made threats of adverse legal consequences if social-media platforms do not increase censorship—such as Senators Mark Warner, Amy Klobuchar, and Richard Blumenthal. *Id.* The letter cited “research by the Center for Countering Digital Hate (CCDH),” *id.*—the same organization that Jen Psaki and the White House coordinated with to demand the censorship of the so-called “Disinformation Dozen,” and that coordinated the demonetization of Plaintiff Hoft from Google. The letter describes pro-life pregnancy resource centers as “fake clinics,” and demands that Google proactively censor search results, mapping results, and advertisements relating to such clinics. *Id.* The letter demands that Google “limit the appearance of anti-abortion fake clinics or so-called ‘crisis pregnancy centers’ in Google search results, Google Ads, and on Google Maps”; that Google “add user-friendly disclaimers that clearly indicate whether or not a search result does or does not provide abortions”; and that Google take “additional steps to ensure that users are receiving accurate information when they search for health care services like abortion on Google Search and Google Maps.” *Id.*

286. Defendants swiftly doubled down on this demand for social-media censorship of pro-life pregnancy resource centers. On July 8, 2022, the President signed an Executive Order “aimed at protecting abortion rights.” Sandhya Raman, *Biden issues executive order responding to abortion ruling*, Roll Call (July 8, 2022), at <https://rollcall.com/2022/07/08/biden-issues->

executive-order-responding-to-abortion-ruling/. The order directs HHS, DOJ, and the FTC “to examine ways to ... curb the spread of misinformation related to abortion.” *Id.* The order is entitled “Executive Order on Protecting Access to Reproductive Healthcare Services,” available at <https://www.whitehouse.gov/briefing-room/presidential-actions/2022/07/08/executive-order-on-protecting-access-to-reproductive-healthcare-services/>. Section 4(b)(iv) of the order states: “The Secretary of Health and Human Services shall, in consultation with the Attorney General and the Chair of the FTC, consider options to address deceptive or fraudulent practices related to reproductive healthcare services, including online, and to protect access to accurate information.” *Id.*

E. Defendants’ Conduct Has Inflicted and Continues to Inflict Grave Injuries on Plaintiffs, Missourians, Louisianans, and all Americans.

287. Defendants’ conduct, as alleged herein, has inflicted and continues to inflict grave, ongoing injuries on Plaintiffs, Missourians and Louisianans, and all Americans. Many of these injuries are detailed in the previously filed Declarations submitted in support of the States’ Motion for Preliminary Injunction, ECF Nos. 10-2 to 10-15, which are attached hereto as Exhibits B to O, and incorporated by reference herein.

1. Ongoing injuries inflicted on Plaintiff States.

288. First, the Defendants’ conduct has inflicted and continues to inflict at least eight forms of imminent, continuing, irreparable injury on the Plaintiff States, Missouri and Louisiana.

289. *First*, both Missouri and Louisiana have adopted fundamental policies favoring the freedom of speech, including on social media. Missouri’s Constitution provides: “[N]o law shall be passed impairing the freedom of speech, no matter by what means communicated... [E]very person shall be free to say, write or publish, or otherwise communicate whatever he will on any subject....” MO. CONST. art. I, § 8. Louisiana’s Constitution provides: “No law shall curtail or

restrain the freedom of speech or of the press. Every person may speak, write, and publish his sentiments on any subject, but is responsible for abuse of that freedom.” LA. CONST. art. I, § 7. The federal censorship program directly undermines Missouri’s and Louisiana’s fundamental policies favoring the freedom of speech, and thus it inflicts a clear and direct injury on the States’ sovereignty. *See Texas v. United States*, 809 F.3d 134, 153 (5th Cir. 2015).

290. *Second*, the States and their agencies and political subdivisions have suffered government-induced online censorship directly. For example, Louisiana’s Department of Justice—the office of its Attorney General—was directly censored on YouTube for posting video footage of Louisianans criticizing mask mandates and COVID-19 lockdown measures on August 18, 2021—just after the federal Defendants’ most vociferous calls for censorship of COVID “misinformation.” Bosch Decl. ¶ 7. A Louisiana state legislator was censored by Facebook when he posted content addressing vaccinating children against COVID-19. Bosch Decl. ¶ 9. St. Louis County, a political subdivision of Missouri, conducted public meetings regarding proposed county-wide mask mandates, at which some citizens made public comments opposing mask mandates. Flesh Decl. ¶ 7. YouTube censored the entire videos of four public meetings, removing the content, because some citizens publicly expressed views that masks are ineffective. *Id.*

291. *Third*, State agencies—such as the Offices of the States’ Attorneys General—closely track and rely on free speech on social media to understand their citizens’ true thoughts and concerns. *See, e.g.*, Flesh Decl. ¶ 4 (“I monitor these trends on a daily or even hourly basis...”); Bosch Decl. ¶ 6. This allows them to craft messages and public policies that are actually responsive to their citizens’ concerns. Flesh Decl. ¶ 5; Bosch Decl. ¶¶ 4-6. Censorship of social-media speech directly interferes with this critical state interest, because it “directly interferes with

[our] ability to follow, measure, and understand the nature and degree of [constituents'] concerns.”
Flesh Decl. ¶ 6.

292. *Fourth*, social-media censorship thwarts the States’ ability to provide free, fair, and open political processes that allow citizens to petition their government and advocate for policy changes. Social-media censorship has perverted state and local political processes by artificially restricting access to the channels of advocacy to one side of various issues. For example, social-media censorship prevented Louisiana advocacy groups from organizing effectively to advocate in favor of legislative action on issues of great public import. Hines Decl. ¶¶ 13-14. Likewise, social-media censorship prevented a Missouri parent from circulating an online petition to advocate against mandatory masking at his local school district, a political subdivision of the State. McCollum Decl. ¶¶ 9-17 ; Gulmire Decl. ¶¶ 11-16, 18-19. Such censorship—which directly interferes with citizens’ ability to petition their government—thwarts the States’ interest in providing fair and open processes to petition state officials.

293. *Fifth*, federally induced social-media censorship directly affects Missouri, because it has resulted in the extensive censorship of Plaintiff Dr. Bhattacharya, who serves as an expert witness for Missouri in a series of lawsuits challenging mask and vaccine mandates. *See* Bhattacharya Decl. ¶ 4. Censorship of Dr. Bhattacharya reduces the message and impact of Missouri’s own retained expert witness. *See id.* ¶¶ 17-32. Likewise, the Missouri Attorney General’s Office relied heavily on the high-quality German survey study of 26,000 schoolchildren, finding that 68 percent reported harms from masking in school, in its lawsuits challenging school mask mandates. That study was censored on social media as a result of Defendants’ campaign, and Missouri was lucky to find it because it is in German and not cited on social media. “Because online censorship acts as a prior restraint on speech,” Missouri “will never know exactly how much

speech ... on social media never reaches [our] eyes because it is censored in advance, or as soon as it is posted.” Flesch Decl. ¶ 11.

294. *Sixth*, Missouri and Louisiana have a quasi-sovereign interest in protecting the free-speech rights of “a sufficiently substantial segment of its population,” and preventing *ultra vires* actions against those rights. *Alfred L. Snapp & Son, Inc. v. Puerto Rico, ex rel., Barez*, 458 U.S. 592, 607 (1982). This falls within Missouri’s and Louisiana’s “quasi-sovereign interest in the health and well-being—both physical and economic—of its residents in general.” *Id.* This injury “suffices to give the State standing to sue as *parens patriae*” because “the injury” to Missourians’ and Louisianans’ free-speech and free-expression rights “is one that the State[s] ... would likely attempt to address through [their] sovereign lawmaking powers.” *Id.* at 607. Indeed, they have done so. *See, e.g.*, MO. CONST., art. I, § 8; LA. CONST., art. I, § 7.

295. *Seventh*, Missouri and Louisiana “ha[ve] an interest in securing observance of the terms under which [they] participate[] in the federal system.” *Alfred L. Snapp*, 458 U.S. at 607–08. This means bringing suit to “ensur[e] that the State and its residents are not excluded from the benefits that are to flow from participation in the federal system.” *Id.* at 608. Free-speech rights, and protection from *ultra vires* actions destroying them, are foremost among the “benefits that are to flow from participation in the federal system.” *Id.* Missouri and Louisiana “have an interest, independent of the benefits that might accrue to any particular individual, in assuring that the benefits of the federal system are not denied to its general population.” *Id.*

296. *Eighth*, Missouri and Louisiana have a unique interest in advancing, protecting, and vindicating the rights of their citizens who are listeners, readers, and audiences of social-media speech. As noted above, the First Amendment protects the rights of the speakers’ audiences, such as listeners and readers, to have access to protected speech. *See, e.g., Bd. of Educ., Island Trees*

Union Free Sch. Dist. No. 26 v. Pico, 457 U.S. 853, 867 (1982). As a result of Defendants’ censorship, the States’ many citizens, as readers and followers of social-media speech, suffer an injury that is individually too diffuse to warrant filing their own lawsuits, yet the injury is all the greater because it is spread among millions of readers. *Bantam Books, Inc. v. Sullivan*, 372 U.S. 58, 64 n.6 (1963) (holding that, where one plaintiff “is not likely to sustain sufficient ... injury to induce him to seek judicial vindication of his [First Amendment] rights,” a plaintiff with a greater stake may assert them, lest “infringements of freedom of the press may too often go unremedied”). The States have a “close relationship” with their citizens, as readers and listeners of social-media speech, because they are specifically authorized by state law to vindicate those rights. And there is a “hindrance” to their citizens’ asserting their own rights, because each individual injury is too diffuse to warrant litigation. *See Kowalski v. Tesmer*, 543 U.S. 125, 130 (2004); *Secretary of State of Md. v. Joseph H. Munson Co., Inc.*, 467 U.S. 947, 956-57 (1984).

297. All these injuries to the State Plaintiffs and their citizens are continuing and ongoing, and they constitute irreparable harm.

2. Ongoing injuries inflicted on the private Plaintiffs and their social-media followings.

298. The private Plaintiffs Bhattacharya, Hines, Hoft, Kheriaty, and Kulldorff, and their social-media audiences and/or potential social-media audiences (*i.e.*, the larger audiences who would hear them if they were not censored)—who include thousands or millions of Missourians and Louisianans—have suffered and are suffering grave and ongoing injuries as well. Identical injuries afflict many similarly situated speakers and audiences who have been affected by the government-induced censorship procured by Defendants as well.

299. Government-induced online censorship affects the private Plaintiffs and enormous segments of Missouri’s and Louisiana’s populations. The censorship affects speakers with all sizes

of audiences—from small groups of concerned parents seeking to share concerns on neighborhood networking sites, Flesch Decl. ¶ 9; to social-media titans, such as Plaintiff Jim Hoft, who is one of the most influential online voices in the country, with over a million social-media followers, Hoft Decl. ¶¶ 2-3. Censorship affects some of the most highly credentialed physicians in the world, speaking on matters of core competence, such as Plaintiffs Bhattacharya, Kulldorff, and Kheriaty, scientists and medical professors at Stanford, Harvard, and the University of California. *See* Bhattacharya Decl. ¶¶ 2-5; Kulldorff Decl. ¶¶ 2-6; Kheriaty Decl. ¶¶ 2-5.

300. This censorship encompasses social-media accounts with hundreds of thousands of followers, including the private Plaintiffs’ accounts, which include many thousands of followers in Missouri and Louisiana. *See* Hoft Decl. ¶ 3 (Missouri-based speaker with 400,000 Twitter followers, 650,000 Facebook followers, 98,000 YouTube subscribers, 205,000 Instagram followers); Kulldorff Decl. ¶ 7 (“250,800 followers on Twitter and 13,400 contacts and followers on LinkedIn”); Kheriaty Decl. ¶ 3 (158,000 Twitter followers, even though artificially capped by Twitter); Allen Decl. ¶ 15 (the entire YouTube channel of a conservative talk-radio station based in Missouri); Changizi Decl. ¶ 7 (37,000 Twitter followers); Senger Decl. ¶ 3 (112,000 Twitter followers); Kotzin Decl. ¶¶ 3-4 (31,900 followers); Kitchen Decl. ¶ 32 (over 44,000 Twitter followers). These declarants provide only a representative slice of the enormous suppressions inflicted by Defendants’ conduct on countless similarly situated speakers and audiences, including in Missouri and Louisiana. *See, e.g.*, Bhattacharya Decl. ¶ 31.

301. Defendants’ censorship squelches Plaintiffs’ core political speech on matters of great public concern. This includes speech relating to COVID-19 policies—especially speech criticizing the government’s response to COVID-19. *See, e.g.*, Hoft Decl. ¶¶ 6, 12; Bhattacharya Decl. ¶¶ 15-31; Kulldorff Decl. ¶¶ 14-30; Kheriaty Decl. ¶¶ 16-17; Hines Decl. ¶¶ 7-14. It also

extends to speech about election security and integrity, including core political speech. *See, e.g.*, Hoft Decl. ¶¶ 7-8, 14; Allen Decl. ¶ 14-15; Flesh Decl. ¶ 8. And the censorship targets speech simply because it is critical of the President of the United States. *See, e.g.*, Hoft Decl. ¶ 10.

302. Government-induced censorship of Plaintiffs' and others' speech is achieved through a wide variety of methods, ranging from complete bans, temporary bans, insidious "shadow bans" (where neither the user nor his audience is notified of the suppression), deboosting, de-platforming, de-monetizing, restricting access to content, imposing warning labels that require click-through to access content, and many other ways. These include temporary and permanent suspensions of many speakers. *See, e.g.*, Hoft Decl. ¶¶ 6-8; Kheriaty Decl. ¶ 16; Bhattacharya Decl. ¶ 16; Changizi Decl. ¶¶ 18-23; Allen Decl. ¶ 15; *see also* Bhattacharya Decl. ¶ 31 ("Twitter, LinkedIn, YouTube, Facebook, they have permanently suspended many accounts—including scientists."). It includes suppressing specific content, such as removing or blocking social-media posts and videos. *See, e.g.*, Hoft Decl. ¶ 14; Bhattacharya Decl. ¶¶ 17-18; Changizi Decl. ¶ 36. It includes demonetization by technology firms, *see* Hoft Decl. ¶ 19, and deboosting search results to bury the most relevant results, Bhattacharya Decl. ¶ 16. It includes suppressing posts in news feeds, and imposing advisory labels and "sensitive content" labels, making it more difficult to access specific content. *See, e.g.*, Hoft Decl. ¶ 13; Changizi Decl. ¶ 27-28. It includes insidious methods of censorship like surreptitious de-boosting and "shadow-banning," where the censor does not notify the speaker or the audience of the censorship. Many speakers discover through circumstantial methods that they have been shadow-banned. *See, e.g.*, Kheriaty Decl. ¶¶ 14-15. It includes indirect methods of shadow-banning such as artificially limiting the number of followers of a disfavored account. Kheriaty Decl. ¶¶ 12-13; Changizi Decl. ¶ 31. All these forms of censorship directly impact Plaintiffs and their social-media audiences, and they continue to do so.

303. Such censorship has compounded effects on the freedom of expression, creating massive distortions in the free marketplace of ideas. As noted above, much speech is suppressed in secret, so the speakers and audience never know whether or how much speech was silenced. *See, e.g.*, Kheriaty Decl. ¶¶ 14-15. Censorship of the principal speaker, moreover, deters other speakers from re-tweeting, re-posting, or “amplifying” the content, which suppresses even more speech and further artificially reduces the speakers’ audience. *See* Hoft Decl. ¶ 15. And, perniciously, censorship commonly leads to self-censorship, as online speakers carefully restrict what they say to avoid the (often financially catastrophic) consequences of a suspension or ban. *See, e.g.*, Hoft Decl. ¶ 16; Bhattacharya Decl. ¶ 31; Kheriaty Decl. ¶ 16.

304. Like the injuries to the State Plaintiffs and their citizens, these injuries to the private Plaintiffs and their audiences are imminent and ongoing, and they constitute irreparable harm.

3. Defendants’ conduct has directly caused Plaintiffs’ injuries.

305. For the reasons alleged in greater detail herein, Defendants’ conduct has directly caused Plaintiffs’ injuries. By their campaign of threats, coordination, and collusion, Defendants have successfully induced social-media platforms to impose acts of censorship that have directly injured all Plaintiffs and their audiences. These are acts of censorship that the social-media companies, but for Defendants’ unlawful conduct, otherwise would not have imposed.

306. Overwhelming evidence supports the conclusion that Defendants have caused Plaintiffs’ injuries, alleged above, by inducing social-media platforms to engage in increased censorship. As the allegations herein emphasize, there is powerful support for the conclusion of direct causation between Defendants’ conduct and Plaintiffs’ free-speech injuries. This evidence includes, but is not limited to, the following:

307. *First*, as alleged above, in the absence of Defendants’ campaign for social-media censorship, market forces and other incentives would have and did restrain social-media platforms from engaging in the social-media censorship alleged herein. Notably, as noted above, prior to Defendants’ campaign of threats and pressure, social-media platforms generally declined to engage in the acts of censorship alleged herein.

308. *Second*, as alleged above, the campaign of threats of adverse legal consequences from Defendants and their political allies—directly linked to demands for greater censorship—are *highly motivating* to social-media platforms, because they address matters of great import and potential legal vulnerability, such as Section 230 immunity and the prospect of antitrust enforcement. These threats became even more motivating at the beginning of 2021, when Defendants and their allies took control of the Executive Branch, with all its powerful agencies, and both Houses of Congress, indicating that they had the ability to carry out their threats. By responding to these threats, social-media platforms are merely “reacting in predictable ways,” and their greatly increased censorship is merely “the predictable effect of Government action on the decisions of third parties.” *Department of Commerce v. New York*, 139 S. Ct. 2551, 2566 (2019).

309. *Third*, the *timing* of many censorship decisions—coming immediately after Defendants’ demands for increased censorship—strongly supports the conclusion that Defendants’ conduct has *caused* the censorship of free speech on social media. As alleged further herein, there are many examples of censorship crack-downs by social-media platforms that immediately followed demands for censorship from federal officials, including Defendants. These include, but are not limited to, (1) the *en masse* deplatforming of the “Disinformation Dozen” after Jen Psaki publicly demanded it; (2) the censorship of the Great Barrington Declaration and Plaintiffs Bhattacharya and Kulldorff just after a senior HHS official called for a “quick and devastating ...

take-down” of the Declaration, Bhattacharya Decl. ¶¶ 6, 14; *id.* ¶¶ 15-31; and (3) Twitter’s deplatforming of Alex Berenson just after the President stated, “They’re killing people” and Dr. Fauci publicly singled out Berenson; among many others.

310. *Fourth*, Defendants have openly admitted that they and other federal officials are directly involved in specific censorship decisions by social-media platforms. Among other examples, Jen Psaki publicly admits that “we’re flagging problematic posts for Facebook” and that “they certainly understand what our asks are.” Secretary Mayorkas states that “we’re working together ... with the tech companies that are the platform for much of the disinformation that reaches the American public, how they can better use their terms of use to really strengthen the legitimate use of their very powerful platforms and prevent harm from occurring,” and that this collaboration is happening “across the federal enterprise.” Easterly states that she works directly “with our partners in the private sector and throughout the rest of the government and at the department to continue to ensure that the American people have the facts that they need to help protect our critical infrastructure.” CISA openly states that its “MDM team serves as a switchboard for routing disinformation concerns to appropriate social media platforms.” And so forth.

311. *Fifth*, social-media platforms openly admit that they consult with and rely on government officials to identify what content to censor. For example, Facebook’s “COVID and Vaccine Policy Updates and Protections” states that Facebook does “not allow false claims about the vaccines or vaccination programs which *public health experts have advised us* could lead to COVID-19 vaccine rejection.” (emphasis added). As noted above, “[a] Facebook spokesperson said the company has *partnered with government experts*, health authorities and researchers to take ‘aggressive action against misinformation about COVID-19 and vaccines to protect public health.’” Twitter, likewise, admits that it coordinates with government officials in identifying what

to censor. For example, its “Civic integrity policy” states that Twitter “will label or remove false or misleading information intended to undermine public confidence in an election or other civic process” and that it “work[s] with select government and civil society partners in these countries to provide additional channels for reporting and expedited review” of so-called “misinformation.” Twitter’s “COVID-19 misleading information policy” states that it “primarily enforce[s] this policy in close coordination with trusted partners, including public health authorities, NGOs and *governments*, and continue[s] to use and consult with information from those sources when reviewing content.” Similarly, YouTube’s “COVID-19 medical misinformation policy” states that “YouTube doesn’t allow content that spreads medical misinformation that contradicts local health authorities’ or the World Health Organization’s medical information about COVID-19. ... YouTube’s policies on COVID-19 are subject to change in response to changes to global or local health authorities’ guidance on the virus.”

312. *Sixth*, the *content* of the censorship decisions evidences Defendants’ direct influence on censorship, because those decisions focus on the areas of concern for Defendants and uniformly favor Defendants’ preferred narratives. For example, Dr. Kheriaty notes that “[t]he pattern of content censored on these social media platforms mirrors closely the CDC and Biden administration policies.... [A]ny content that challenges those federal policies is subject to severe censorship, without explanation, on Twitter and YouTube—even when the information shared is taken straight from peer-reviewed scientific literature.” Kheriaty Decl. ¶ 18. Regarding shadow-banning in particular, he observes that “[t]he posts most subject to this were those that challenged the federal government’s preferred covid policies.” Kheriaty Decl. ¶ 15. Likewise, the censorship of social-media speech about COVID-19 and election security directly reflects the calls for censorship from federal officials. Hoft Decl. ¶¶ 4, 16. Censorship of Hoft’s speech has focused

on topics specifically targeted for censorship by DHS as “domestic terrorism,” including in its National Terrorism Advisory System Bulletin from February 7, 2022. Hoft Decl. ¶ 20; *id.* Ex. 7, at 1. Further, this censorship is heavily *one-sided* in the government’s favor—“Twitter notoriously suspends only those who question the wisdom and efficacy of government restrictions, or who cast doubt on the safety or efficacy of the vaccines,” but “there are no examples of Twitter suspending individuals who have spread misinformation from the other side—by, for example, exaggerating the efficacy of masks or the threat the virus poses to children.” Changizi Decl. ¶¶ 50-51; *see also* Kotzin Decl. ¶ 33. As Dr. Bhattacharya notes, “Having observed and lived through the government-driven censorship of the Great Barrington Declaration and its co-authors, it is clear to me that these attacks were politically driven by government actors.” Bhattacharya Decl. ¶ 32.

313. *Seventh*, the revelation of recent internal documents—such as the DGB whistleblower documents, and the CDC emails released last week—demonstrate beyond any possible doubt that Defendants are *directly involved* in and are *directing* social-media censorship decisions, both by identifying high-level topics of censorship and by identifying specific posts and types of postings for censorship. CDC and Census Bureau officials demonstrate that this direct, collusive involvement of federal officials in specific and general censorship decisions happens on a wide scale, and the DGB documents quoted above indicate that such “MDM”-censorship activities are occurring “across the federal enterprise.”

314. For all these reasons, among others, it is perfectly clear that Defendants’ conduct has *caused* the general and specific censorship policies and decisions alleged herein.

315. For similar reasons, an order and judgment from this Court preventing the continuation of Defendants’ conduct will redress Plaintiffs’ ongoing injuries. Defendants’ conduct

has caused social-media platforms to engage in the censorship decisions that have injured Plaintiffs, and an order ceasing Defendants' conduct will alleviate those injuries.

316. Defendants are continuing, and are likely to continue, to engage in the unlawful conduct alleged herein.

CLAIMS FOR RELIEF

COUNT ONE – VIOLATION OF THE FIRST AMENDMENT Against All Defendants

317. All foregoing Paragraphs are incorporated as if set forth fully herein.

318. The First Amendment prohibits Congress from making laws “abridging the freedom of speech.” U.S. CONST. amend. I. This prohibition applies to restrictions on speech by all branches of the federal government. *Matal v. Tam*, 137 S. Ct. 1744, 1757 (2017).

319. The Constitutions of Missouri, Louisiana, and every other State provide similar or more robust protection for free-speech rights.

320. An enormous amount of speech and expression occurs on social media. Social-media platforms have become, in many ways, “the modern public square.” *Packingham*, 137 S. Ct. at 1737. Social media platforms provide “perhaps the most powerful mechanisms available to a private citizen to make his or her voice heard.” *Id.* They also permit private citizens to interact directly with public and elected officials.

321. Social-media platforms are akin to common carriers and/or public accommodations that, under longstanding statutory and common-law doctrines, should be subject to non-discrimination rules in accessing their platforms, which discrimination on the basis of content and viewpoint would violate.

322. “Historically, at least two legal doctrines limited a company’s right to exclude.” *Knight First Amendment Institute*, 141 S. Ct. at 1222 (Thomas, J., concurring). “First, our legal

system and its British predecessor have long subjected certain businesses, known as common carriers, to special regulations, including a general requirement to serve all comers.” *Id.* “Second, governments have limited a company’s right to exclude when that company is a public accommodation. This concept—related to common-carrier law—applies to companies that hold themselves out to the public but do not ‘carry’ freight, passengers, or communications.” *Id.* Absent the artificial immunity created by the overbroad interpretations of Section 230 immunity, these legal doctrines—along with private and free-market forces—would impose a powerful check on content- and viewpoint-based discrimination by social-media platforms. *See id.*

323. As alleged further herein, through Section 230 immunity and other actions, the federal government has abrogated these legal restraints on social-media censorship; it has artificially subsidized, encouraged, and enabled the emergence of a small group of immensely powerful social-media companies; and it has conferred on that cartel powerful legal shields protecting its ability to censor and suppress speech on social media based on content and viewpoint with impunity.

324. As alleged further herein, Defendants have coerced, threatened, and pressured social-media platforms to censor disfavored speakers and viewpoints by using threats of adverse government action, including threats of increased regulation, antitrust enforcement or legislation, and repeal or amendment of Section 230 CDA immunity, among others.

325. As alleged further herein, Defendants also hold out the “carrot” of continued protection under Section 230 and antitrust law, and thus preserving the legally favored status of social-media platforms. Commentators have aptly summarized this carrot-stick dynamic: “Section 230 is the carrot, and there’s also a stick: Congressional Democrats have repeatedly made explicit threats to social-media giants if they failed to censor speech those lawmakers disfavored.” Vivek

Ramaswamy and Jed Rubenfeld, *Save the Constitution from Big Tech: Congressional threats and inducements make Twitter and Facebook censorship a free-speech violation*, WALL STREET JOURNAL (Jan. 11, 2021). “Facebook and Twitter probably wouldn’t have become behemoths without Section 230.” *Id.* “Either Section 230 or congressional pressure alone might be sufficient to create state action. The combination surely is.” *Id.*

326. As alleged further herein, as a result of such threats and inducements, Defendants are now directly colluding with social-media platforms to censor disfavored speakers and viewpoints, including by pressuring them to censor certain content and speakers, and “flagging” disfavored content and speakers for censorship. Defendants have thus engaged in joint action with private parties and acted in concert with private parties to deprive Plaintiffs, Missourians, Louisianans, and Americans of their constitutional rights under the First Amendment and related state-law rights.

327. Defendants’ actions constitute government action for at least five independently sufficient reasons: (1) absent federal intervention, common-law and statutory doctrines, as well as voluntary conduct and natural free-market forces, would have restrained the emergence of censorship and suppression of speech of disfavored speakers, content, and viewpoint on social media; and yet (2) through Section 230 of the CDA and other actions, the federal government subsidized, fostered, encouraged, and empowered the creation of a small number of massive social-media companies with disproportionate ability to censor and suppress speech on the basis of speaker, content, and viewpoint; (3) such inducements as Section 230 and other legal benefits (such as the absence of antitrust enforcement) constitute an immensely valuable benefit to social-media platforms to do the bidding of federal government officials; (4) federal officials—including, most notably, Defendants herein—have repeatedly and aggressively threatened to remove these

legal benefits and impose other adverse consequences on social-media platforms if they do not increase censorship and suppression of disfavored speakers, content, and viewpoints; and (5) Defendants herein, conspiring and colluding both with each other and social-media firms, have directly coordinated with social-media platforms to identify disfavored speakers, viewpoints, and content and have procured the actual censorship and suppression of them on social media. These factors, considered either individually or collectively, establish that the social-media censorship alleged herein constitutes government action. These actions have dramatically impacted the fundamental right of free speech in Missouri, Louisiana, and America, both on social media and elsewhere.

328. As alleged herein, Defendants have acted in concert both with each other, and with others, to violate the First Amendment and state-level free speech rights.

329. Defendants' actions violate the First Amendment and analogous state constitutional protections. The First Amendment is violated where, as here, "if the government coerces or induces it to take action the government itself would not be permitted to do, such as censor expression of a lawful viewpoint." *Biden v. Knight First Amendment Institute at Columbia Univ.*, 141 S. Ct. 1220, 1226 (2021) (Thomas, J., concurring). "The government cannot accomplish through threats of adverse government action what the Constitution prohibits it from doing directly." *Id.*

330. The censorship and suppression of speech that Defendants have induced social-media platforms to impose on disfavored speakers, content, and viewpoints constitute forms of prior restraints on speech, which are the most severe restrictions and the most difficult to justify under the First Amendment. "One obvious implication of" the First Amendment's text "is that the

government usually may not impose prior restraints on speech.” *Houston Cmty. Coll. Sys. v. Wilson*, 142 S. Ct. 1253, 1259 (2022).

331. These actions have injured Plaintiffs, as well as Missouri’s, Louisiana’s, and other States’ citizens, both speakers and users of social media, and they have injured Missourians, Louisianans, and Americans who do not use social media by their predictable effect on the availability of information through social-media users, who often repeat or communicate information presented on social media to non-users.

332. These actions have also injured Plaintiffs, as well as Missouri’s, Louisiana’s, and other States’ citizens, by broadly chilling the exercise of free-speech rights on social-media platforms. This injures the First Amendment and state-level rights of all citizens, both users and non-users of social media, by reducing the availability of free speech in a free marketplace of ideas. Much social-media speech is available to non-users of social media on the internet, and social-media users convey speech and information learned on social media platforms to non-users of social media through many other means. Suppressing speech on social media, therefore, directly impacts the First Amendment rights of non-social media users, as well as users.

333. Defendants’ interference with First Amendment and state free-speech rights of Plaintiffs and virtually all Missourians, Louisianans, and Americans is *per se* unconstitutional, and even if not, it cannot be justified under any level of constitutional scrutiny.

334. Defendants’ interference with First Amendment rights of Plaintiffs and virtually all Missourians and Louisianans also interferes with rights that the States guaranteed to them under their respective state constitutions. Defendants’ interference thus undermines the system of rights the States provided to their citizens, effectively limiting the reach of each State’s fundamental law and thwarting the fundamental policies of each sovereign State.

335. Defendants’ conduct inflicts imminent, ongoing, and continuing irreparable injury on Plaintiffs, as alleged further herein.

336. This Court has inherent authority to declare, enjoin, restrain, enter judgment, and impose penalties on Defendants and other federal actors, and those acting in concert with them, to prevent and restrain violations of federal law, including the First Amendment. “The ability to sue to enjoin unconstitutional actions by state and federal officers is the creation of courts of equity, and reflects a long history of judicial review of illegal executive action, tracing back to England.” *Armstrong v. Exceptional Child Center, Inc.*, 575 U.S. 320, 327 (2015).

**COUNT TWO – ACTION IN EXCESS OF STATUTORY AUTHORITY
Against All Defendants**

337. All foregoing Paragraphs are incorporated as if set forth fully herein.

338. No federal statute authorizes the Defendants’ conduct in engaging in censorship, and conspiracy to censor, in violation of Plaintiffs’, Missourians’, Louisianans’, and Americans’ free-speech rights.

339. “An agency’s power is no greater than that delegated to it by Congress.” *Lyng v. Payne*, 476 U.S. 926, 937 (1986). Agency actions that exceed the agency’s statutory authority are *ultra vires* and must be invalidated.

340. No statute authorizes any Defendants—including but not limited to White House officials, HHS officials, DHS officials, and other senior federal officials—to engage in the course of conduct regarding the censorship and suppression of speech on social media as alleged herein.

341. No statute authorizes Defendants—including but not limited to White House officials, HHS officials, DHS officials, and other senior federal officials—to identify what constitutes “misinformation,” “disinformation,” and/or “malinformation” in public discourse on social-media platforms; to direct, pressure, coerce, and encourage social-media companies to

ensor and suppress such speech; and/or to demand that private companies turn over information about speech and speakers on their platforms in the interest of investigating “misinformation,” “disinformation,” and/or “malinformation.”

342. Further, the interpretation of any statute to authorize these actions would violate the non-delegation doctrine, the canon of constitutional avoidance, the major-questions doctrine, the Supreme Court’s clear-statement rules, and other applicable principles of interpretation. No statute may be properly construed to do so.

343. Defendants and the federal officials acting in concert with them, by adopting the censorship policies and conduct identified herein, have acted and are acting without any lawful authority whatsoever, and without any colorable basis for the exercise of authority. No federal statute, regulation, constitutional provision, or other legal authority authorizes their social-media-censorship program, and it is wholly *ultra vires*.

344. Defendants’ *ultra vires* actions inflict ongoing irreparable harm on Plaintiffs, as alleged herein.

COUNT THREE – VIOLATION OF ADMINISTRATIVE PROCEDURE ACT
Against the HHS Defendants

345. All foregoing Paragraphs are incorporated as if set forth fully herein.

346. Defendants HHS, NIAID, CDC, Becerra, Murthy, Crawford, and Fauci are referred to collectively herein as the “HHS Defendants.”

347. As set forth herein, the HHS Defendants’ conduct is unlawful, arbitrary and capricious, an in excess of statutory authority under the Administrative Procedure Act.

348. The APA authorizes courts to hold unlawful and set aside final agency actions that are found to be: “(A) arbitrary, capricious, an abuse of discretion, or otherwise not in accordance with law; (B) contrary to constitutional right, power, privilege, or immunity; (C) in excess of

statutory jurisdiction, authority, or limitations, or short of statutory right; (D) without observance of procedure required by law....” 5 U.S.C. § 706(2)(A)-(D). The HHS Defendants’ conduct violates all of these prohibitions.

349. Defendants HHS, CDC, and NIAID are “agencies” within the meaning of the APA. Defendants Becerra, Fauci, and Murthy, in their official capacities, are the heads of federal agencies.

350. The HHS Defendants’ conduct alleged herein constitutes “final agency action” because it “marks the consummation of the agency’s decisionmaking process.” *Bennett v. Spear*, 520 U.S. 154, 178 (1997) (quotation marks omitted). Further, it is action from by which “rights or obligations have been determined,” and “from which legal consequences will flow.” *Id.* Defendants’ campaign of pressuring, threatening, and colluding with social-media platforms to suppress disfavored speakers, content, and speech are final agency actions of this sort. Such actions reflect the completion of a decisionmaking process with a result that will directly affect Plaintiffs, Missourians, Louisianans, and Americans. *Franklin v. Massachusetts*, 505 U.S. 788, 797 (1992). The actions of Defendants alleged herein, on information and belief, reflect and result from a specific, discrete, and identifiable decision of Defendants to adopt an unlawful social-media censorship program.

351. The HHS Defendants’ conduct is arbitrary, capricious, and an abuse of discretion because it was not based on any reasoned decisionmaking, ignores critical aspects of the problem, disregards settled reliance interests, rests on pretextual *post hoc* justifications, and overlooks the unlawful nature of the HHS Defendants’ conduct, among other reasons. 5 U.S.C. § 706(2)(A).

352. The HHS Defendants’ conduct is “contrary to constitutional right, power, privilege, or immunity” because it violates the First Amendment rights of Plaintiffs and virtually all

Missourians and Louisianans for the reasons discussed herein and in Count One, *supra*. 5 U.S.C. § 706(2)(B).

353. The HHS Defendants conduct is “in excess of statutory jurisdiction, authority, or limitations, or short of statutory right,” because no statute authorizes any of the conduct alleged herein, as discussed in Count Two, *supra*. 5 U.S.C. § 706(2)(C).

354. The HHS Defendants’ conduct was “without observance of procedure required by law” because it is a substantive policy or series of policies that affect legal rights that require notice and comment, and yet they never engaged in any notice-and-comment process, or other process to obtain input from the public, before engaging in these unlawful agency policies. 5 U.S.C. § 706(2)(D).

355. The HHS Defendants’ conduct is unlawful under the APA and should be set aside.

**COUNT FOUR – VIOLATION OF THE ADMINISTRATIVE PROCEDURE ACT
Against the DHS Defendants**

356. All foregoing Paragraphs are incorporated as if set forth fully herein.

357. Defendants DHS, CISA, Mayorkas, Easterly, Silvers, Vinograd, and Jankowicz are referred to collectively herein as the “DHS Defendants.”

358. As set forth herein, the DHS Defendants’ conduct is unlawful, arbitrary and capricious, an in excess of statutory authority under the Administrative Procedure Act.

359. The APA authorizes courts to hold unlawful and set aside final agency actions that are found to be: “(A) arbitrary, capricious, an abuse of discretion, or otherwise not in accordance with law; (B) contrary to constitutional right, power, privilege, or immunity; (C) in excess of statutory jurisdiction, authority, or limitations, or short of statutory right; (D) without observance of procedure required by law....” 5 U.S.C. § 706(2)(A)-(D). The DHS Defendants’ conduct violates all of these prohibitions.

360. Defendants DHS and CISA are “agencies” within the meaning of the APA. Defendants Mayorkas and Easterly, in their official capacities, are the heads of federal agencies.

361. The DHS Defendants’ conduct alleged herein constitutes “final agency action” because it “marks the consummation of the agency’s decisionmaking process.” *Bennett v. Spear*, 520 U.S. 154, 178 (1997) (quotation marks omitted). Further, it is action from by which “rights or obligations have been determined,” and “from which legal consequences will flow.” *Id.* Defendants’ campaign of pressuring, threatening, and colluding with social-media platforms to suppress disfavored speakers, content, and speech are final agency actions of this sort. Such actions reflect the completion of a decisionmaking process with a result that will directly affect Plaintiffs, Missourians, Louisianans, and Americans. *Franklin v. Massachusetts*, 505 U.S. 788, 797 (1992). The actions of Defendants alleged herein, on information and belief, reflect and result from a specific, discrete, and identifiable decision of Defendants to adopt an unlawful social-media censorship program.

362. The DHS Defendants’ conduct is arbitrary, capricious, and an abuse of discretion because it was not based on any reasoned decisionmaking, ignores critical aspects of the problem, disregards settled reliance interests, rests on pretextual *post hoc* justifications, and overlooks the unlawful nature of the DHS Defendants’ conduct, among other reasons. 5 U.S.C. § 706(2)(A).

363. The DHS Defendants’ conduct is “contrary to constitutional right, power, privilege, or immunity” because it violates the First Amendment and state free-speech rights of Plaintiffs and virtually all Missourians, Louisianans, and Americans for the reasons discussed herein and in Count One, *supra*. 5 U.S.C. § 706(2)(B).

364. The DHS Defendants conduct is “in excess of statutory jurisdiction, authority, or limitations, or short of statutory right,” because no statute authorizes any of the conduct alleged herein, as discussed in Count Two, *supra*. 5 U.S.C. § 706(2)(C).

365. The DHS Defendants’ conduct was “without observance of procedure required by law” because it is a substantive policy or series of policies that affect legal rights that require notice and comment, and yet they never engaged in any notice-and-comment process, or other process to obtain input from the public, before engaging in these unlawful agency policies. 5 U.S.C. § 706(2)(D).

366. The DHS Defendants’ conduct is unlawful under the APA and should be set aside.

**COUNT FIVE – VIOLATION OF THE ADMINISTRATIVE PROCEDURE ACT
Against the Census Defendants**

367. All foregoing Paragraphs are incorporated as if set forth fully herein.

368. Defendants Department of Commerce, Census Bureau, and Shopkorn are referred to collectively herein as the “Census Defendants.”

369. As set forth herein, the Census Defendants’ conduct is unlawful, arbitrary and capricious, and in excess of statutory authority under the Administrative Procedure Act.

370. The APA authorizes courts to hold unlawful and set aside final agency actions that are found to be: “(A) arbitrary, capricious, an abuse of discretion, or otherwise not in accordance with law; (B) contrary to constitutional right, power, privilege, or immunity; (C) in excess of statutory jurisdiction, authority, or limitations, or short of statutory right; (D) without observance of procedure required by law....” 5 U.S.C. § 706(2)(A)-(D). The Census Defendants’ conduct violates all of these prohibitions.

371. Defendants Department of Commerce and Census Bureau are “agencies” within the meaning of the APA.

372. The Census Defendants’ conduct alleged herein constitutes “final agency action” because it “marks the consummation of the agency’s decisionmaking process.” *Bennett v. Spear*, 520 U.S. 154, 178 (1997) (quotation marks omitted). Further, it is action by which “rights or obligations have been determined,” and “from which legal consequences will flow.” *Id.* Defendants’ campaign of pressuring, threatening, and colluding with social-media platforms to suppress disfavored speakers, content, and speech are final agency actions of this sort. Such actions reflect the completion of a decisionmaking process with a result that will directly affect Plaintiffs, Missourians, Louisianans, and Americans. *Franklin v. Massachusetts*, 505 U.S. 788, 797 (1992). The actions of Defendants alleged herein, on information and belief, reflect and result from a specific, discrete, and identifiable decision of Defendants to adopt an unlawful social-media censorship program.

373. The Census Defendants’ conduct is arbitrary, capricious, and an abuse of discretion because it was not based on any reasoned decisionmaking, ignores critical aspects of the problem, disregards settled reliance interests, rests on pretextual *post hoc* justifications, and overlooks the unlawful nature of the Census Defendants’ conduct, among other reasons. 5 U.S.C. § 706(2)(A).

374. The Census Defendants’ conduct is “contrary to constitutional right, power, privilege, or immunity” because it violates the First Amendment and state free-speech rights of Plaintiffs and virtually all Missourians, Louisianans, and Americans for the reasons discussed herein and in Count One, *supra*. 5 U.S.C. § 706(2)(B).

375. The Census Defendants conduct is “in excess of statutory jurisdiction, authority, or limitations, or short of statutory right,” because no statute authorizes any of the conduct alleged herein, as discussed in Count Two, *supra*. 5 U.S.C. § 706(2)(C).

376. The Census Defendants' conduct was "without observance of procedure required by law" because it is a substantive policy or series of policies that affect legal rights that require notice and comment, and yet they never engaged in any notice-and-comment process, or other process to obtain input from the public, before engaging in these unlawful agency policies. 5 U.S.C. § 706(2)(D).

377. The Census Defendants' conduct is unlawful under the APA and should be set aside.

PRAYER FOR RELIEF

Plaintiffs respectfully request that the Court enter judgment in their favor and grant the following relief:

A. Declare that Defendants' conduct violates the First Amendment of the U.S. Constitution and analogous provisions of Missouri's, Louisiana's, and other States' Constitutions;

B. Declare that Defendants' conduct is *ultra vires* and exceeds their statutory authority;

C. Declare that Defendants' conduct violates the Administrative Procedure Act and is unlawful, and vacate and set aside such conduct;

D. Preliminarily and permanently enjoin Defendants, their officers, officials, agents, servants, employees, attorneys, and all persons acting in concert or participation with them, from continuing to engage in unlawful conduct as alleged herein;

E. Preliminarily and permanently enjoin Defendants, their officers, officials, agents, servants, employees, attorneys, and all persons acting in concert or participation with them, from taking any steps to demand, urge, pressure, or otherwise induce any social-media platform to

cancel, suppress, de-platform, suspend, shadow-ban, de-boost, restrict access to content, or take any other adverse action against any speaker, content or viewpoint expressed on social media; and

F. Grant such other and further relief as the Court may deem just and proper.

Dated: August 2, 2022

Respectfully submitted,

ERIC S. SCHMITT
Attorney General of Missouri

JEFFREY M. LANDRY
Attorney General of Louisiana

/s/ D. John Sauer

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** pro hac vice application forthcoming

/s/ John C. Burns

John C. Burns ***

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Counsel for Plaintiff Jim Hoft

*** application for admission forthcoming

CERTIFICATE OF SERVICE

I hereby certify that, on August 2, 2022, I caused a true and correct copy of the foregoing to be filed by the Court's electronic filing system, to be served by operation of the Court's electronic filing system on counsel for all parties who have entered in the case.

/s/ D. John Sauer

From: Genelle Adrien
To: Crawford, Carol Y. (CDC/OD/OADC); Dempsey, Jay H. (CDC/OD/OADC)
Cc: Payton Thorne
Subject: CDC approval requested: FAQ Content
Date: Tuesday, May 4, 2021 9:21:02 AM
Attachments: Copy of FAQ Content 4.30.CDC.xlsx

Hi Carol – Hope the week is off to a great start. Our content specialist, recently made copyedits to two CDC questions for our new FAQ modules appearing in the COVID-19 Information Center.

These are fairly minor edits to what you've already provided, but if you have additional edits, could you please let us know by COB if possible?

A quick note that our new launch date is 5/17. We are not planning any proactive comms at the moment, but if we do, we will let you know and coordinate accordingly.

Thanks and let me know if you have questions!

Best,
Genelle

What are the side effects of getting a COVID-19 vaccine?	What are the side effects of getting a COVID-19 vaccine?	What are the side effects of getting a COVID-19 vaccine?	What are the side effects of getting a COVID-19 vaccine?
<p>Eligible to work. More serious side effects are extremely rare. A person is far more likely to be seriously harmed by a disease than by its vaccine.</p>		<p>What are the side effects of getting a COVID-19 vaccine?</p> <p>You may have some side effects, which are normal signs that your body is building protection. These side effects might affect your ability to do daily activities, but they should go away in a few days. Some people have no side effects.</p> <p>You might experience: Pain, redness, or swelling in the arm where you got the shot Fatigue Headache Muscle pain Chills Fever Joint pain</p> <p>You may get a high temperature or feel fatigued 1 or 2 days after having your vaccination. More serious side effects are extremely rare. A person is far more likely to be seriously harmed by a disease than by its vaccine.</p>	
		<p>How many doses of a COVID-19 vaccine will I need to get?</p> <p>The number of doses you'll get depends on which vaccine you're given.</p> <ul style="list-style-type: none"> Pfizer: 2 doses, 3 weeks (21 days) apart Moderna: 2 doses, one month (28 days) apart Johnson & Johnson: one dose <p>If you get the Pfizer or Moderna vaccines, get your second shot on the recommended schedule as you can. However, you may get your second dose up to 6 weeks (42 days) after the first dose, if necessary.</p>	

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Stanley Onyimba; Jan Antonaros
Subject: CDC vaccine content
Date: Wednesday, December 23, 2020 10:20:00 AM

Just FYI. Rosie had this ready for discussion yesterday so sending it along if helpful. Have a great holiday!

New Pages

[Moderna COVID-19 Vaccine Information | CDC](#)
[Moderna COVID-19 Vaccine Questions | CDC](#)
[COVID-19 Data Tracker: CDC COVID Data Tracker](#)

New Prioritization Recommendations

<https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19/evidence-table-phase-1b-1c.html>
<https://www.cdc.gov/vaccines/covid-19/implementation-strategies.html>
<https://www.cdc.gov/vaccines/covid-19/phased-implementation.html>
<https://www.cdc.gov/vaccines/covid-19/categories-essential-workers.html>

Pages Updates with Prioritization Recommendations

[What to Expect at Your Appointment to Get Vaccinated for COVID-19 | CDC](#)

Pages Updated

[COVID-19 Vaccines and Severe Allergic Reactions | CDC](#)
[Vaccination Considerations for People who are Pregnant or Breastfeeding | CDC](#)
[Vaccines | CDC](#)
[8 Things to Know about the U.S. COVID-19 Vaccination Program | CDC](#)
[How CDC Is Making COVID-19 Vaccine Recommendations | CDC](#)
[COVID Clinical Landing Page](#)
[Product Info by US Vaccine Page](#)
[Pfizer-BioNTech COVID-19 Vaccine Information | CDC](#)
[COVID-19 Vaccine FAQs for Healthcare Professionals | CDC](#)
https://www.cdc.gov/coronavirus/2019-ncov/vaccines/pdfs/321466-A_FS_What_Expect_COVID-19_Vax_Final_12.13.20.pdf
[Facts about COVID-19 Vaccines \(cdc.gov\)](#)
[Different COVID-19 Vaccines | CDC](#)
[Information about the Pfizer-BioNTech COVID-19 Vaccine | CDC](#)
[COVID-19 Vaccination Provider Requirements and Support | CDC](#)
[Training and Education | COVID-19 Vaccination | CDC](#)

Carol Y. Crawford

Chief, Digital Media Branch
Division of Public Affairs
Office of the Associate Director for Communication
Centers for Disease Control and Prevention
404-498-2480
ccrawford@cdc.gov

Cell: (b)(6)

From: Crawford, Carol Y. (CDC/OD/OADC)
To: [Todd O'Boyle](#); [Stanley Onyimba](#); [Jan Antonaros](#); [Payton Ihema](#); [Carrie Adams](#); [Sam Huxley](#); [Christopher Thomas Lewitzke \(CENSUS/ADCOM CTR\)](#); [Jennifer Shopkorn \(CENSUS/ADCOM FED\)](#); [Sokier, Lynn \(CDC/OD/OADC\)](#); [Galatas, Kate \(CDC/OD/OADC\)](#)
Subject: COVID 19 BOLO Meeting
Start: Friday, May 14, 2021 12:00:00 PM
End: Friday, May 14, 2021 12:30:00 PM
Location: Zoom Meeting

We would like to invite digital platforms to attend a short "Be On The Lookout" meeting on COVID. Let us know if you have questions and feel free to forward this message to anyone in your organization that should attend.

Thank you.

Carol Crawford

Chief, Digital Media Branch

Division of Public Affairs

OADC

ccrawford@cdc.gov <<mailto:ccrawford@cdc.gov>>

404-498-2840

Join ZoomGov Meeting

(b)(6)

Dial by your location

(b)(6)	US (San Jose)
	US (New York)
	US
	US (San Jose)

Meeting ID: (b)(6)

Passcode: (b)(6)

Find your local number: (b)(6)

From: [Crawford, Carol Y. \(CDC/OD/OADC\)](#)
To: [Payton Ithema; Genelle Adrien](#)
Subject: COVID BOLO Misinformation meetings
Date: Monday, May 10, 2021 12:44:00 PM

We would like to establish COVID BOLO meetings on misinformation and invite all platforms to join the meetings. We are aiming for our first one on Friday at noon. I know you were considering possible process on your end, but we wanted start here just as interim first step. Are there direct POCs on your end I should include on the invite? Happy to chat if better.

THANKS!

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Todd O'Boyle; Stanley Onyimba; Jan Antonaros; Payton Iheme; Carrie Adams; Sam Huxley; Christopher Thomas Lewitzke (CENSUS/ADCOM CTR; zachary.henry.schwartz@census.gov; Jennifer Shopkorn (CENSUS/ADCOM FED; Sokler, Lynn (CDC/OD/OADC); Galatas, Kate (CDC/OD/OADC); Kevin Kang; Caroline M. Faught@census.gov; llagone@fb.com; lexisturdy@fb.com; Aspinwall, Brooke (CDC/DDID/NGIRD/OD)
Subject: COVID-19 CDC BOLO Meeting
Start: Friday, July 9, 2021 12:00:00 PM
End: Friday, July 9, 2021 12:30:00 PM
Location: Zoom

We would like to invite digital platforms to attend a short "Be On The Lookout" meeting on COVID. Let us know if you have questions and feel free to forward this message to anyone in your organization that should attend.

Topic: Bolo Meeting

Time: Jul 9, 2021 12:00 PM Eastern Time (US and Canada)

Join ZoomGov Meeting

(b)(6)

Meeting ID: (b)(6)

Passcode: (b)(6)

One tap mobile

(b)(6) US (San Jose)
(b)(6) US (San Jose)

Dial by your location

(b)(6) US (San Jose)
(b)(6) US (San Jose)
(b)(6) US
(b)(6) US (New York)

Meeting ID: (b)(6)

Passcode: (b)(6)

Find your local number: (b)(6)

Join by SIP

(b)(6)

Join by H.323

(b)(6) (US West)
(b)(6) (US East)

Meeting ID: (b)(6)

Passcode: (b)(6)

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Todd O'Boyle; Stanley Onyimba; Jan Antonaros; Payton Ithema; Carrie Adams; Sam Huxley; Christopher Thomas Lewitzke (CENSUS/ADCOM_CTR); zachary.henry.schwartz@census.gov; jennifer.shopkorn (CENSUS/ADCOM_FED); Sokler, Lynn (CDC/OD/OADC); Galatas, Kate (CDC/OD/OADC); Kevin Kane; Caroline.M.Faught@census.gov; liagone@fb.com; jexisturdy@fb.com; Aspinwall, Brooke (CDC/DDID/NGIRD/OD)
Subject: COVID-19 CDC BLO Meeting
Start: Friday, July 9, 2021 12:00:00 PM
End: Friday, July 9, 2021 12:30:00 PM
Location: Zoom

We would like to invite digital platforms to attend our 2nd short "Be On The Lookout" meeting on COVID. Let us know if you have questions and feel free to forward this message to anyone in your organization that should attend.

Join ZoomGov Meeting

(b)(6)

Meeting ID: (b)(6)

Passcode: (b)(6)

One tap mobile

(b)(6) US (San Jose)
(b)(6) US (New York)

Dial by your location

(b)(6) US (San Jose)
(b)(6) US (New York)
(b)(6) US (San Jose)
(b)(6) US

Meeting ID: (b)(6)

Passcode: (b)(6)

Find your local number: (b)(6)

Join by SIP

(b)(6)

Join by H.323

(b)(6) US West
(b)(6) US East

Meeting ID: (b)(6)

Passcode: (b)(6)

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Todd O'Boyle; Stanley Onyimba; Jan Antonaros; Payton Iheme; Carrie Adams; Sam Huxley; Christopher Thomas Lewitzke (CENSUS/ADCOM CTR; zachary.henry.schwartz@census.gov; Jennifer Shopkorn (CENSUS/ADCOM FED; Sokler, Lynn (CDC/OD/OADC); Galatas, Kate (CDC/OD/OADC); Kevin Kane; Caroline.M.Faught@census.gov; llagone@fb.com; lexisturdy@fb.com; Aspinwall, Brooke (CDC/DDID/NCIRD/OD); Gordon, Stephanie (CDC/OD/OADC)
Cc: Bonds, Michelle E. (CDC/OD/OADC)
Subject: Canceled: CDC COVID-19 BOLO Meeting
Importance: High

We would like to invite digital platforms to attend our 3rd short "Be On The Lookout" meeting on COVID. Let us know if you have questions and feel free to forward this message to anyone in your organization that should attend.

Join ZoomGov Meeting

(b)(6)

Meeting ID: (b)(6)

Passcode: (b)(6)

One tap mobile

(b)(6) # US (San Jose)
(b)(6) # US (New York)

Dial by your location

(b)(6) US (San Jose)
(b)(6) US (New York)
(b)(6) US (San Jose)
(b)(6) US

Meeting ID: (b)(6)

Passcode: (b)(6)

Find your local number: (b)(6)

Join by SIP

(b)(6)

Join by H.323

(b)(6) US West
(b)(6) US East

Meeting ID: (b)(6)

Passcode: (b)(6)

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Payton theme; Carrie Adams
Subject: Children & Teens vaccine info
Date: Wednesday, May 12, 2021 8:38:00 PM

Just FYI, we have a great deal of new content posted. Also, some new info on myths your misinfo folks might be interested in.

- **New web page:** [COVID-19 Vaccines for Children and Teens](#) provides information about the benefits of COVID-19 vaccines for adolescents aged 12 and older, how to find a vaccination provider for adolescents, and what to expect during and after vaccination.
- **New fact sheet:** [COVID-19 Vaccines for Preteens and Teens](#) is a printable fact sheet for parents that explains the benefits of a COVID-19 vaccine for their children, safety information, and what to expect during and after vaccination. **New frequently asked questions:** Two [new FAQs](#) address questions about the safety and benefits of COVID-19 vaccination for adolescents aged 12 and older.
- **New myth-buster about menstrual cycles:** Your menstrual cycle *cannot* be affected by being near someone who received a COVID-19 vaccine. This [question and answer](#) explains why.
- **Myth-buster about infertility:** It is safe for people who would like to have a baby one day to get a COVID-19 vaccine. This [question and answer](#) explains why.
- **Key things to know:** The web pages [Key Things to Know about COVID-19 Vaccines](#) and [About COVID-19 Vaccines](#) have been updated to include the recommendation that adolescents aged 12 and older get vaccinated.

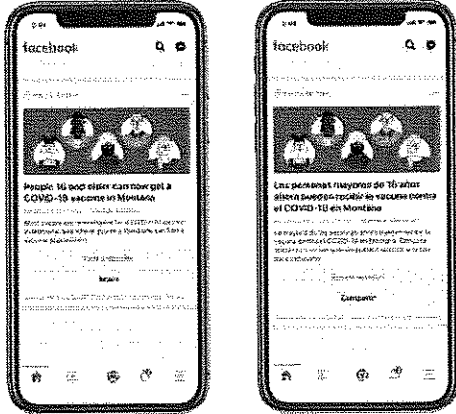
Information for Healthcare and Vaccine Providers

- **New pediatric toolkit:** The [Pediatric Healthcare Professionals COVID-19 Vaccination Toolkit](#) provides materials to help healthcare providers give parents clear and accurate information about COVID-19 vaccines. The toolkit includes answers to common questions, an explanation of how mRNA vaccines work, and printable materials to give to parents.
- **New FAQs about consent for minors:** [FAQs](#) have been posted on the Pfizer-BioNTech product page for providers with information about consent, prescreening questions, and other issues related to the vaccination of minors.
- **New sample patient letter:** Healthcare providers can customize and send this [sample letter](#) to encourage their patients to get a COVID-19 vaccine. It includes the new recommendation that everyone aged 12 and up get a COVID-19 vaccination.

Information for Community Groups and Health Departments

Toolkit for community-based organizations: The [Community-Based Organizations COVID-19 Vaccine Toolkit](#) has been updated to include information and resources on COVID-19 vaccination for adolescents aged 12 and older.

Carol Crawford
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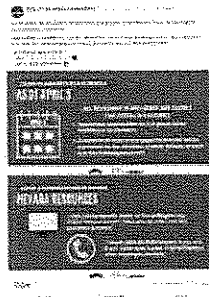
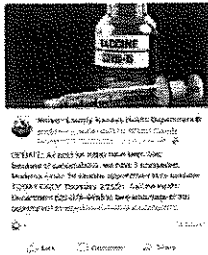
If you have your Facebook app installed on your phone, you'll see the headlines in English and Spanish. If you have your phone in Spanish, you'll see the headlines in Spanish. If you have your phone in Spanish, you'll see the headlines in Spanish. If you have your phone in Spanish, you'll see the headlines in Spanish.

COVID-19 Vaccines With Health Department

Over the past month, we've seen a lot of health department activity on Facebook. To help you find the health department in your state or region, we've created a Facebook app that lists the health department in your state or region. The app is available on the App Store and Google Play. You can also find the health department in your state or region on Facebook.

Expanded Access to Facebook Live News

Over the past year, we've seen a lot of news coverage on Facebook Live. To help you find the news coverage on Facebook Live, we've expanded access to Facebook Live News. This means that you can now see news coverage on Facebook Live from a wider range of publishers. You can also see news coverage on Facebook Live from a wider range of publishers. You can also see news coverage on Facebook Live from a wider range of publishers.



FACEBOOK

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From: [Crawford, Carol Y. \(CDC/OD/OADC\)](#)
To: [Carrie Adams](#)
Cc: [Payton Ireme](#)
Subject: Example Quiz Question from HHS
Date: Friday, June 25, 2021 7:53:00 AM

This was the idea but I think we'd probably change up the question if we were talking about a QP.

Do vaccines contain the COVID virus? [User selects answer, choosing true or false]

True

False

[Correct answer displays upon click - [Include 1 plain-language sentence with explanation, followed by link]

False. A COVID-19 vaccine cannot make you sick with COVID-19 because it doesn't contain the live virus. [Learn more \[link leads to related cdc.gov content or Q&A video\]](#)

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Pavton, Ithema
Subject: Example quiz I mentioned
Date: Monday, June 28, 2021 1:41:00 PM

(10) CDC on Twitter: "If you've already had #COVID19 and recovered, you should still get vaccinated against COVID-19." / Twitter

<https://www.facebook.com/76625396025/posts/10159266620161026/?d=n>

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Payton Itheme; Carrie Adams
Subject: FW: CDC approval requested: FAQ Content
Date: Tuesday, May 11, 2021 1:51:00 PM
Attachments: Facebook COVID-19 vax numbers unsigned licensing agreement.docx

+Carrie

From: Crawford, Carol Y. (CDC/OD/OADC)
Sent: Tuesday, May 11, 2021 1:51 PM
To: Genelle Adrien <genelleadrien@fb.com>; Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>
Cc: Payton Itheme <payton@fb.com>; McDaniel, Rebecca (CDC/OD/OADC) <ldy8@cdc.gov>
Subject: RE: CDC approval requested: FAQ Content

If you call can sign this we can move forward with the logo add. Thanks!

From: Genelle Adrien <genelleadrien@fb.com>
Sent: Tuesday, May 4, 2021 8:45 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjv1@cdc.gov>; Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>
Cc: Payton Itheme <payton@fb.com>; McDaniel, Rebecca (CDC/OD/OADC) <ldy8@cdc.gov>
Subject: Re: CDC approval requested: FAQ Content

Thanks, Carol! This is great feedback. The proactive comms was in reference to this new FAQ module.

Speaking of the logo approval, the action page is live here:
<https://about.facebook.com/actions/responding-to-covid-19>. And, we will add the CDC logo once we have your go ahead.

Thank you—
Genelle

From: Crawford, Carol Y. (CDC/OD/OADC) <cjv1@cdc.gov>
Date: Tuesday, May 4, 2021 at 7:53 PM
To: Genelle Adrien <genelleadrien@fb.com>, Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>
Cc: Payton Itheme <payton@fb.com>, McDaniel, Rebecca (CDC/OD/OADC) <ldy8@cdc.gov>
Subject: RE: CDC approval requested: FAQ Content

Hi Genelle – one Q was fine but our SMEs said the below on the other question. Also, just to check – was the proactive comms note about the item I'm getting the logo approved for?

**Centers for Disease Control and Prevention/CDC
Trademark License Agreement—Non-Exclusive**

Trademark License Number:

Licensee: Facebook Technologies, LLC

This Agreement (“Agreement”) is dated as of _____, 20__ (“Effective Date”), between the Centers for Disease Control and Prevention/ATSDR, an agency of the Public Health Service, located at 1600 Clifton Road, Atlanta, GA 30329 (“Licensor; PHS”) and Facebook Technologies, LLC (“Licensee”; collectively, the Parties) located at 1601 Willow Road, Menlo Park, CA 94025.

Recitals

PHS is the owner of trademarks (“Trademarks”) as identified in Attachment “A,” and the goodwill associated therewith.

The Trademarks are used in association with public health/safety messages, training, or communication initiatives that support the mission of Licensor, which is “Collaborating to create the expertise, information, and tools that people and communities need to protect their health – through health promotion, prevention of disease, injury and disability, and preparedness for new health threats.”

Licensee desires to use the Trademarks on and in connection with jointly developed public health/safety messages, training modules, or other communication initiatives, as identified in Attachment B, as a co-brand with Licensee’s brand.

The Parties are entering into this Agreement to confirm the basis upon which Licensee is permitted to use the Trademarks.

NOW, THEREFORE, for good and valuable consideration, including the mutual promises and covenants contained herein, the receipt and adequacy of which is hereby acknowledged, the Parties agree as follows:

1. Grant:

1. PHS hereby grants to Licensee a non-exclusive, non-transferable, royalty free, license (“License”) to use, reproduce and display the Trademarks on and within Internet pages, visual presentations, or written materials solely in connection with the jointly developed public health/safety messages. The License is for non-commercial use of the Trademarks only. The Trademarks may not be used in connection with any other goods or services without the written consent of PHS.
2. Licensee shall only use the Trademarks on or in additional products or services other than those identified in Attachment B after such use has been approved by PHS, in writing, in response to a written request by Licensee.

2. **Term of the Agreement:** This Agreement will begin on the Effective Date and will continue for a period of thirty-six (36) months or upon expiration of the use described in Attachment B or any subsequent approval under paragraph 1.2, whichever occurs first ("Term"), unless terminated earlier in accordance with this Agreement.
3. **Termination:** Licensee shall have a unilateral right to terminate this Agreement by giving PHS seven (7) days written notice to that effect. PHS or Licensee may (without prejudice to any other right or remedy) terminate this Agreement (a) at any time upon notice in writing to the other party if the other party is in material breach of any obligation hereunder and does not cure such breach within seven (7) days of being requested in writing to do so; or (b) upon notice, where the Licensee's use of the Trademarks is the subject of a legal claim. The license to use PHS's Trademarks will cease within three (3) business days upon the termination or expiration of this Agreement. Licensee agrees to remove any Internet page content if in PHS's sole discretion such removal is warranted, and to destroy all material bearing the Licensed Trademarks. Licensee shall provide PHS written confirmation of such destruction. Notwithstanding, Licensee may, at PHS's discretion, distribute stocks of co-branded materials existing at the time of license termination unless Licensee has materially breached this Agreement and failed to cure such breach within thirty (30) days written notice by PHS. In the event there is a significant change in the scientific research or data reflected in any product using the Trademarks, which PHS reasonably concludes renders the content substantially inaccurate, PHS may notify the Licensee in writing. Upon receipt of such notice, Licensee shall, prior to producing any further such products update the content of those products. Failure to provide such update will result in PHS's termination of the license granted with respect to such products determined by PHS to contain scientifically outdated, incorrect, or harmful content.
4. **Permitted Use; Standards of Quality; and Approval:** The Licensee will only use the Trademarks in conformance with the policies, specifications, regulations and standards authorized or stipulated by PHS and whose character and quality is not altered by the Licensee without the authorization of PHS. Licensee is strictly prohibited from using any materials including the licensed product to promote any political party or affiliation or for lobbying purposes. Licensee may not use the Trademarks together with any content that is unlawful, defamatory, infringing, obscene, fraudulent, hateful, or racially, ethnically or otherwise objectionable in the sole discretion of PHS. Licensee may not use the Trademarks for any commercial purpose or to endorse or imply endorsement of any entity, product or service, including Licensee. Licensee agrees to adhere to the trademark usage guidelines illustrated in Attachment A. Licensee shall submit for PHS's approval at least one sample of each product using the Trademarks, including any product to be made available through the Internet, packaged and labeled in the form proposed to be marketed, at least twenty (20) business days before actually marketed. Licensee shall use the Trademarks only as specified in Attachment B or as otherwise approved in accordance with paragraph 1.2.
5. **Trademark Control:** Upon request by PHS, the Licensee will provide PHS with representative use(s) of Trademarks. Use of the Trademarks on goods or services other than as covered under this Agreement or in a manner inconsistent with Licensor's Trademark Guidelines or paragraph 4 shall constitute material breach of this Agreement. Notwithstanding paragraph 3, if such material breach has not been cured within five (5) business days following receipt of notice from PHS, this Agreement will be terminated.

6. **Ownership:** Licensee agrees to use the Trademarks only as stated in this Agreement. Licensee agrees not to use the Trademarks in combination with any other trade name, trademark or service mark without the prior written approval of PHS. Licensee acquires no right, title or interest in Licensor's Trademarks or the goodwill associated with them, other than the right to use Licensor's Trademarks according to this Agreement. In accepting this Agreement, Licensee acknowledges that as between Licensee and PHS, PHS is the owner of the Licensor's Trademarks and Licensee agrees not to use or apply to register any trademarks which include a Licensor Trademark or any trademark, service mark, trade name or derivation confusingly similar to a Licensor Trademark, in any country or territory during or after the term of this Agreement. Licensee will not take any action in derogation of any of the rights of PHS in any Licensor Trademarks.
7. **Copyright:** Contributions by US government employees in products bearing the Trademarks are not subject to copyright in the United States.
8. **Indemnification:** PHS offers no warranties other than that it owns the Trademarks. No indemnification of any loss, claim, damage or liability is intended or provided by any party under this Agreement. Each party shall be responsible for any loss, claim, damage or liability it incurs.
9. **Assignment:** The License granted herein is personal to Licensee and Licensee shall not assign, sub-license, transfer, or otherwise convey Licensee's rights or obligations under this Agreement without PHS's prior written consent, such consent of PHS not to be withheld unreasonably.
10. **Survival.** The parties' rights and obligations, which by their nature would continue beyond the termination of this Agreement, including, but not limited to, indemnification and actions affecting the enforceability of the mark, shall survive such termination.
11. **Partial Invalidity:** The provisions of this Agreement are severable, and in the event that any provision of this Agreement shall be determined to be invalid or unenforceable under any controlling body of law, such determination shall not in any way affect the validity or enforceability of the remaining provisions of this Agreement.
12. **Entire Agreement:** This Agreement supersedes all previous agreements, understandings, and arrangements between the parties, whether oral or written, and constitutes the entire agreement between the parties regarding the subject matter herein.
13. **Notice:** All notices required or permitted by this Agreement shall be given by confirmed receipt email or prepaid, first class, registered or certified mail properly addressed to the following:

1. For CDC:

Rick Hull
Health Communications Specialist
Centers for Disease Control and Prevention
4770 Buford Highway K80
Atlanta, GA 30341
770-488-5055

fh1@cdc.gov

2. For Licensee:

Julian Nagler

jnagler@fb.com

With a copy to:

Email: Legal-Notices@fb.com

Attention: FB Legal Notices

14. Trademark Notice; Non-Endorsement Statement: Licensee agrees to place the following trademark notice on any product, communication, item, or Internet page that includes a Licensed Trademark: "The mark 'CDC' is owned by the US Dept. of Health and Human Services and is used with permission. Use of this logo is not an endorsement by HHS or CDC of any particular product, service, or enterprise." The notice must be placed in proximity to Licensed Trademarks.
15. Waiver of Rights: Neither Party may waive or release any of its rights or interests in this Agreement except in writing. The failure of PHS to assert a right hereunder or to insist upon compliance with any term or condition of this Agreement shall not constitute a waiver of that right by PHS or excuse a similar subsequent failure to perform any such term or condition by Licensee.
16. Non-endorsement: By entering into this Agreement, PHS does not directly or indirectly endorse Licensee or any product or service provided, or to be provided, by Licensee whether directly or indirectly related to this Agreement. Licensee shall not state or imply that this Agreement is an endorsement by the U.S. Government, PHS, any other U.S. Government organizational unit, or any U.S. Government employee. Additionally, other than the use specified in Attachment B, Licensee shall not use the names of CDC, PHS, or DHHS or the U.S. Government or their employees in any commercial advertising, promotional, or sales literature.
17. Dispute Settlement: The Parties agree to attempt to settle amicably any controversy or claim arising under this Agreement or a breach of this Agreement. Licensee agrees first to appeal any such unsettled claims or controversies to the designated PHS official, or designee, whose decision shall be considered the final agency decision. Thereafter, Licensee may exercise any administrative or judicial remedies that may be available.
18. Modifications: If either Party desires a modification to this Agreement, the Parties shall, upon reasonable notice of the proposed modification by the Party desiring the change, confer in good faith to determine the desirability of such modification. No modification will be effective until a written amendment is signed by the signatories to this Agreement or their designees.

IN WITNESS WHEREOF, the parties have caused this License to be executed by their duly authorized representatives.

For **PHS**:

Signature of Authorized PHS Official

Date

Juliana Cyril, Ph.D.

Director, Office of Technology and Innovation

Centers for Disease Control and Prevention

For **Licensee**:

Signature of Authorized Licensee Official

Date

Michael Abrash

VP, Facebook Research

Authorized Representative, Facebook Technologies, LLC

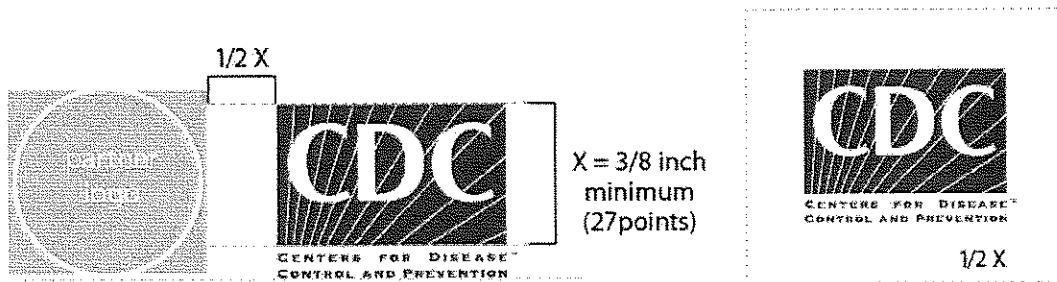
Attachment A – Trademarks

Color

The official CDC logo color is Pantone 286 blue (CMYK: 100, 66, 0, 2 RGB: 0, 93, 170) or black. Substitution of CDC blue or black is prohibited. The blue is acceptable for use on color material and the black is only acceptable for black and white or spot color use or when the partner logo is also presented in black and white.

Alignment and spacing

Separate the CDC logo from the partner logo by a minimum of 1/2 the vertical measurement of the CDC logo (excluding the CDC logo tag line).



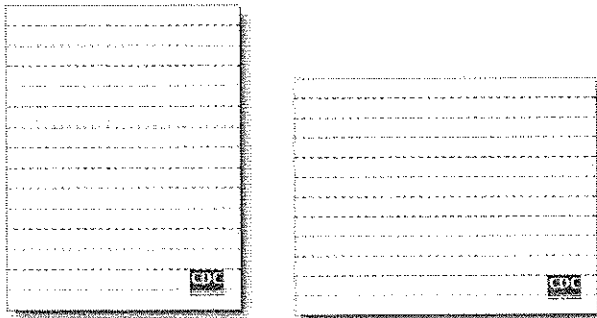
A buffer area of "1/2 X" around the CDC logo should be maintained free of text or graphics.

Partner use of the CDC logo on a Web site or Web page:

- The logo should be placed near the bottom of the partner's Web page.
- The following trademark notice should be placed proximate to the logo: "The mark 'CDC' is owned by the US Dept. of Health and Human Services and is used with permission. Use of this logo is not an endorsement by HHS or CDC of any particular product, service, or enterprise."
- The logo should be used at a minimum of 35 pixels in height and a maximum of 45 pixels in height, with proportional scaling of its horizontal dimension.

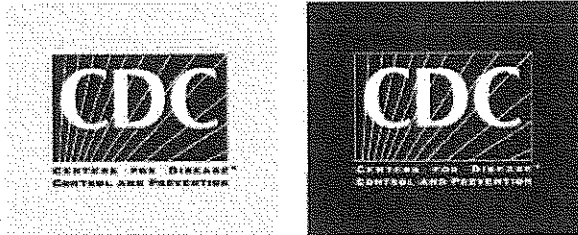
Appropriate relative sizing

On a vertically-oriented document the logo may occupy approximately 1/15 of the vertical grid. On a horizontally-oriented document the logo may occupy approximately 1/12 of the vertical grid.

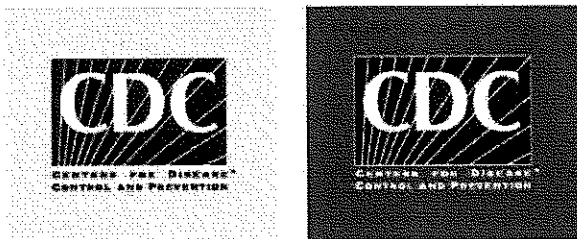


Legibility over a background color or image

The logo tag line only is reversed to white when used over a dark background. The logo block remains blue with white detail.



The same is true for the black version. Do not use a drop shadow, halo effect, or add a color frame to achieve legibility over a dark background or photo.



Examples of inappropriate logo use

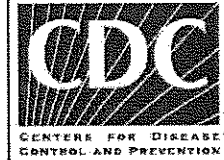
altering the color



altering the horizontal or vertical proportions



placing it inside a lined box



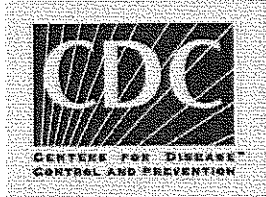
adding a dropshadow



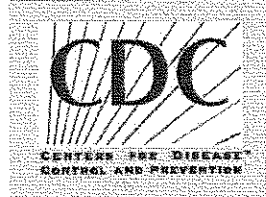
rotating off standard alignment



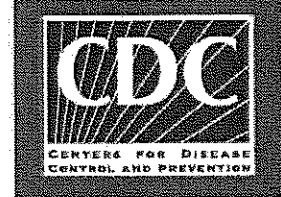
changing the transparency



reversing the color



placing inside a filled box



Attachment B – Covered Use


(sample covered use, showing where partner and PHS trademarks will go, per trademark usage guidance in Attachment A, and with “Trademark Notice; Non-Endorsement Statement” provided in paragraph 14. of the agreement.)



OUR GOAL

Helping 50 million people find the vaccine information they need.

VaccineFinder gives people a way to use Facebook and Instagram to find when and where they can make a vaccine appointment.

 [Find COVID-19 vaccine sites near you ↗](#)

 Last updated: 04/28/2021
View Site Usage Report
Data Tracker

How many people in the US have been vaccinated:
142,692,987
(at least one dose)

From task force:

I would suggest [redacted (b)(5)] plus correcting the list as shown in red). For that bottom text, the first sentence is duplicative of the bulleted list

[Large redacted area containing (b)(5)]

From: Genelle Adrien <genelleadrien@fb.com>

Sent: Tuesday, May 4, 2021 9:19 AM

To: Crawford, Carol Y. (CDC/OD/OADC) <civ1@cdc.gov>; Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>

Cc: Payton Itheme <payton@fb.com>

Subject: CDC approval requested: FAQ Content

Hi Carol – Hope the week is off to a great start. Our content specialist, recently made copyedits to two CDC questions for our new FAQ modules appearing in the COVID-19 Information Center.

These are fairly minor edits to what you've already provided, but if you have additional edits, could you please let us know by COB if possible?

A quick note that our new launch date is 5/17. We are not planning any proactive comms at the moment, but if we do, we will let you know and coordinate accordingly.

Thanks and let me know if you have questions!

Best,
Genelle

From: [Crawford, Carol Y. \(CDC/OD/OADC\)](#)
To: [Crawford, Carol Y. \(CDC/OD/OADC\)](#)
Bcc: [llagone@fb.com](#); [Payton Itheme](#); [Carrie Adams](#); [Sam Huxley](#); [Christopher Thomas Lewitzke \(CENSUS/ADCOM CTB\)](#); [Sokler, Lynn \(CDC/OD/OADC\)](#); [Galatas, Kate \(CDC/OD/OADC\)](#); [Caroline.M.Faught@cdc.gov](#); [lexisturdy@fb.com](#); [Todd O'Boyle](#); [Jan Antonaros](#); [Aspinwall, Brooke \(CDC/DDID/NCIRD/OD\)](#)
Subject: Follow up info from BOLO meeting on 5/28
Date: Friday, May 28, 2021 1:19:00 PM
Attachments: [CDCboloslides528.pdf](#)

Thank you for those that were able to attend today. Here are the slides. Please do not share outside your trust and safety teams.

Let us know if you have any questions. Thank you.

Carol Crawford
Chief, Digital Media Branch
Division of Public Affairs
OADC
CDC
ccrawford@cdc.gov
404-498-2840

COVID Vaccine Misinformation: Hot Topics

May 28, 2021



CDC 24/7

Agenda



Introduction



Hot Topics

1. SM-102 Vaccine Ingredient Safety
2. Magnetism Rumor
3. Vaccine Male Infertility/Fertility Issues Rumor



LOGISTICS

Next Meeting Date:

- To be announced

Point of Contact:

- Want a follow-up meeting to discuss information presented? Contact **Carol Crawford** (cjl1@cdc.gov).



Centers for Disease
Control and Prevention
Office of the Director

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ADVISORY

Misinformation has been identified about the safety of COVID-19 vaccine ingredients.

Please Be On the Lookout for: Statements, pictures, posts, or messages containing misinformation that the Moderna vaccine is unsafe due to the ingredient SM-102.

When May 2021

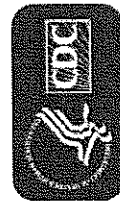
Where Digital Platform(s): All.

Status Following the publication of a Moderna COVID-19 fact sheet, there have been false claims that the vaccine ingredient SM-102 listed is poisonous and unsafe for humans.

Potential Impact Reduced vaccine acceptance.

The manufacturing process and controls have been well characterized and qualified. The analytical procedures developed and used for the release and stability monitoring of mRNA 1273 Drug Substance (DS) and Drug Product (DP) include tests to ensure vaccine safety, identity, purity, quality, and potency.

The Facts



Centers for Disease Control and Prevention
Office of the Director

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Moderna Vaccine

- 95% effective
- Number of shots: 2 shots, 28 days apart
- Approved for use in populations 18 years and older
- Ingredients: messenger ribonucleic acid (mRNA) that codes for the spike protein (S) of SARS-CoV-2, 2',3'-dideoxycytidine-5'-phosphate, adenosine, and 2'-deoxyadenosine-3'-phosphate (DAP) (polysorbate, hydroxyethyl stearoyl succinate, sodium acetate, hydroxyethyl stearoyl succinate)
- Explanation of ingredients:
 - mRNA: Like the Flu Shot, Moderna's COVID-19 vaccine uses mRNA technology to send instructions to your cells to make the spike protein. Unlike Flu Shots, Moderna's COVID-19 vaccine does not contain any live virus.
 - 2',3'-dideoxycytidine-5'-phosphate, adenosine, and 2'-deoxyadenosine-3'-phosphate: These ingredients are used to stabilize the mRNA.
 - Polysorbate: Polysorbate is used to stabilize the mRNA.
 - Hydroxyethyl stearoyl succinate: Hydroxyethyl stearoyl succinate is used to stabilize the mRNA.
- Does NOT contain Eggs, Preservatives, Latex

Learn more, read the FDA full Moderna Fact Sheet: <https://www.fda.gov/medwatch/safety/2021/s012101001>

Example post

Associated Link(s) and Hashtag(s)

- Fact check story
- Example Post
- Example Post
- FDA Emergency Use Authorization

Example post

BREAKING: Moderna COVID Vaccine Found to Contain a DEADLY POISON "SM-102 – Not for Human or Veterinary Use, Acutely Toxic, Fatal in Contact with Skin, Carcinogenic, Causes Infertility, Causes Nerve, Liver, Kidney Damage" – The EveryDay Concerned Citizen



95% effective

Number of shots: 2 shots, 28 days apart

Approved for use in populations 18 years and older

Ingredients: messenger ribonucleic acid (mRNA) that codes for the spike protein (S) of SARS-CoV-2, 2',3'-dideoxycytidine-5'-phosphate, adenosine, and 2'-deoxyadenosine-3'-phosphate (DAP) (polysorbate, hydroxyethyl stearoyl succinate, sodium acetate, hydroxyethyl stearoyl succinate)

Explanation of ingredients:

mRNA: Like the Flu Shot, Moderna's COVID-19 vaccine uses mRNA technology to send instructions to your cells to make the spike protein. Unlike Flu Shots, Moderna's COVID-19 vaccine does not contain any live virus.

2',3'-dideoxycytidine-5'-phosphate, adenosine, and 2'-deoxyadenosine-3'-phosphate: These ingredients are used to stabilize the mRNA.

Polysorbate: Polysorbate is used to stabilize the mRNA.

Hydroxyethyl stearoyl succinate: Hydroxyethyl stearoyl succinate is used to stabilize the mRNA.

Does NOT contain Eggs, Preservatives, Latex

Learn more, read the FDA full Moderna Fact Sheet: <https://www.fda.gov/medwatch/safety/2021/s012101001>

Learn more, read the FDA full Moderna Fact Sheet: <https://www.fda.gov/medwatch/safety/2021/s012101001>

Example post

Example post

ADVISORY

Misinformation has been identified about the COVID-19 vaccine ingredients and related side effects.

Please Be On the Lookout for: Statements, pictures, posts, or messages containing misleading or false information that vaccine ingredients cause vaccinated individuals to become magnetic.

When May 2021

Where Digital Platform(s): All.

Videos shared widely on social media platforms claim to show individuals becoming “magnetic” after receiving the vaccine, further fueling the false claim that vaccines contain microchips.

Status

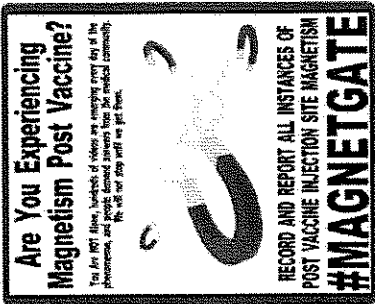
Potential Impact

Reduced vaccine acceptance.

COVID-19 vaccines are safe and effective. COVID-19 vaccines were evaluated in tens of thousands of participants in clinical trials. The vaccines met the FDA’s rigorous scientific standards for safety, effectiveness, and manufacturing quality needed to support emergency use authorization.

The Facts

For the first time, a study has shown that the risk of getting COVID-19 is higher than the risk of getting COVID-19.

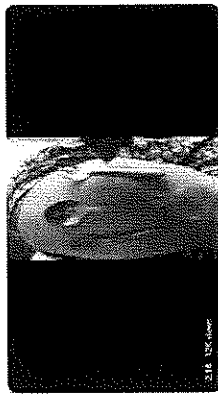


GUYE WTF is this?



THE MAGNETISM FROM THE VACCINE REPORTEDLY SPREADS THROUGHOUT THE BODY OVER TIME.

As the self-reproducing nano particles gradually take over. And metal objects as well as magnets will also stick to you. Here in Spain.



Example posts

Associated Link(s) and Hashtag(s)

- [Fact-check story](#)
- [Example post](#)
- [Example post](#)
- [What are the ingredients in COVID-19 vaccines?](#)
- [Hashtag: #magnetgate #VaccineMagnetChallenge](#)



Centers for Disease Control and Prevention
Office of the Director

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ADVISORY

A rumor has been identified regarding COVID-19 vaccines effects on male fertility.

Please Be On the Lookout for: Statements, pictures, posts, or messages containing misinformation that vaccines cause infertility or other fertility-related issues in men.

When April 2021 – Present

Where Digital Platform(s): All.

Status Recently, social media posts have falsely speculated that men should not have unprotected sex after receiving the Pfizer COVID-19 vaccine, as the "spike protein" from the virus could allegedly damage the individual's sperm or cause infertility.

Potential Impact Vaccine hesitancy and reduced vaccine acceptance.

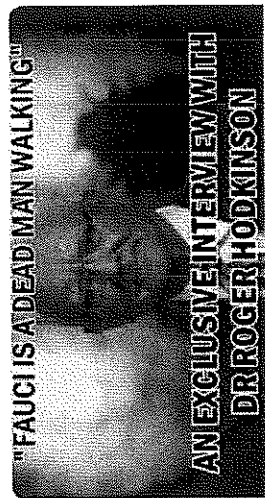
The Facts COVID-19 vaccines are safe and effective. Millions of people in the United States have received COVID-19 vaccines under the most intense safety monitoring in U.S. history.



Centers for Disease Control and Prevention
Office of the Director

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"There have been disturbing reports...of increased miscarriages following vaccination. I'm concerned about... the potential of male infertility which could be permanent... it's merely appropriate caution given the scientific literature."



An exclusive interview with Dr Roger Hodkinson - When the history of this address is written...
© 2021 by Hodkinson

Absolute LIES. Women aren't ovulating, even fertility clinics are reporting embryos are not growing properly and sperm counts of vaccinated men have dropped right down. Women are experiencing the most painful periods of their life, even women who are in their 70s and 80s have started bleeding again. How dare you say its safe without actually knowing!

She also pointed out that "there is a credible reason to believe that the Covid vaccines will cross-react with the syncytin and reproductive proteins in sperm, ova, and placenta, leading to impaired fertility and impaired reproductive and gestational outcomes," and that there are enough pregnancy losses reported thus far to warrant stopping the vaccines.

Example posts

Associated Link(s) and Hashtag(s)

- [Fact check story](#)
- [Example post](#)
- [Example post](#)
- [Example post](#)
- [Safety of COVID-19 Vaccines](#)

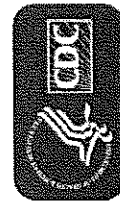
Contact Information

Carol Crawford

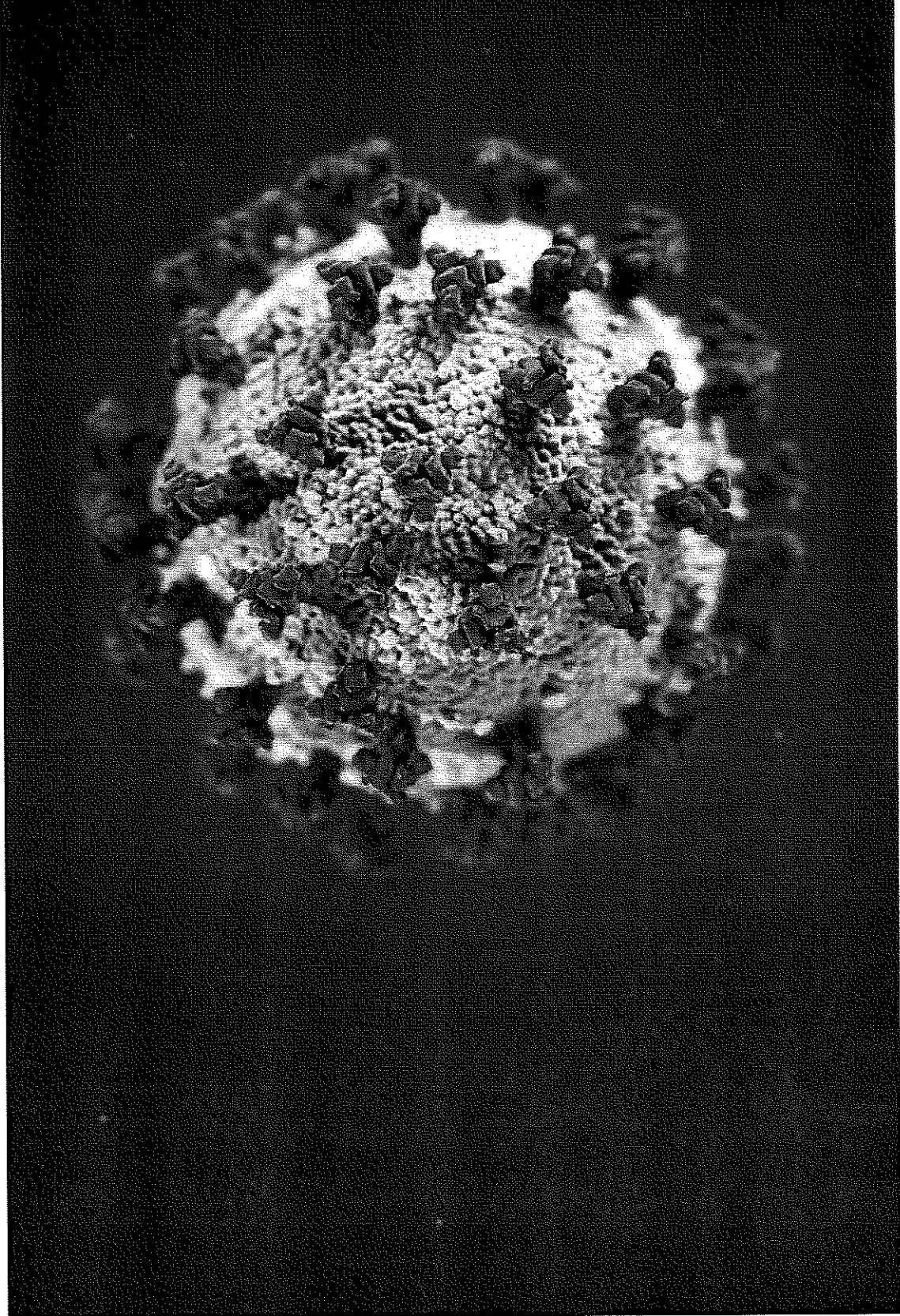
Digital Media Branch Chief, Division of Public Affairs
Centers for Disease Control and Prevention (CDC)

O: 404-498-2480 | M: 678-920-0578

cjy1@cdc.gov



DRAFT - THIS INFORMATION IS NOT FOR FURTHER DISTRIBUTION



From: [Crawford, Carol Y. \(CDC/OD/OADC\)](#)
To: [Crawford, Carol Y. \(CDC/OD/OADC\)](#)
Cc: [llagone@fb.com](#); [Payton Ithome](#); [Carrie Adams](#); [Sam Huxley](#); [Christopher Thomas Lewitzke \(CENSUS/ADCOM CTR\)](#); [Sokler, Lynn \(CDC/OD/OADC\)](#); [Galatas, Kate \(CDC/OD/OADC\)](#); [Caroline M. Faught@census.gov](#); [lexisturdy@fb.com](#); [Todd O'Boyle](#); [Jan Antonaros](#)
Subject: Follow up info from BOLO meeting
Date: Friday, May 14, 2021 12:34:00 PM
Attachments: [CDC Working Group Meeting_20210514_vF.pdf](#)

Thank you for attending. Here are the slides. Also, as mentioned on the call, any contextual information that can be added to posts about VAERS could be very effective in education the public about what VAERS is. CDC.gov includes authoritative information about VAERS, such as the following taken from [this page](#): *"VAERS accepts reports from anyone, including patients, family members, healthcare providers and vaccine manufacturers. VAERS is not designed to determine if a vaccine caused or contributed to an adverse event. A report to VAERS does not mean the vaccine caused the event."*

Carol Crawford
Chief, Digital Media Branch
Division of Public Affairs
OADC
ccrawford@cdc.gov
404-498-2840

COVID Vaccine Misinformation: Hot Topics

May 14, 2021



CDC 24/7

Agenda



Introduction



Hot Topics

1. Vaccine Shedding Rumor
2. Falsified VAERS Report
3. Potentially Misleading VAERS Posts
4. Depopulation/Bioweapon Conspiracy Theories
5. Expanded Emergency Use Authorization



LOGISTICS

Next Meeting Date:

- To be announced

Point of Contact:

- Want a follow-up meeting to discuss information presented? Contact **Carol Crawford** (cjl1@cdc.gov).



Centers for Disease Control and Prevention
Office of the Director

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ADVISORY

Misinformation has been identified about COVID-19 vaccine safety.

Please Be On the Lookout for: Statements, pictures, posts, or messages containing misinformation that COVID-19 vaccines cause “shedding.”

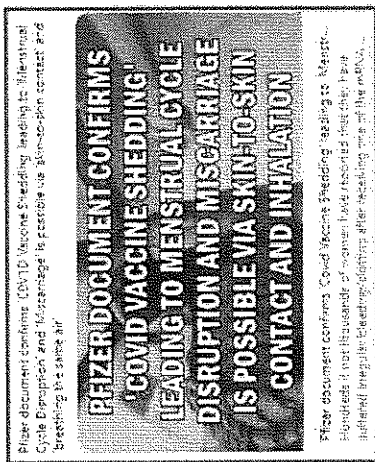
When April 2021 – Present

Where Digital Platform(s): All.

Status False claims that COVID-19 vaccine shedding can cause adverse effects in people who are near recently-vaccinated people have been spreading on social media.

Potential Impact Reduced vaccine acceptance and harmful policies from real-world institutions.

The Facts Individuals who have received a COVID-19 vaccine cannot shed or release any of the vaccine components. In addition, none of the vaccines authorized for use in the United States contain a live virus so it is not possible to shed it.



Example post



Example post

Associated Link(s) and Hashtag(s)

- [Myths and Facts about COVID-19 Vaccines](#)
- [Fact check article](#)
- [Example post](#)
- [Example post](#)
- Hashtag: #stoptheshed



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ADVISORY

Disinformation has been identified regarding a report made in the Vaccine Adverse Event Reporting System (VAERS).

Please Be On the Lookout for: Statements, pictures, posts, or messages containing misinformation that a 2-year-old died after receiving the vaccine.

When May 9, 2021

Where Digital Platform(s): All.

Status In mid-April, a false VAERS report began spreading on social media showing that a 2-year-old had died after participating in a vaccine trial.

Potential Impact Reduced vaccine acceptance.

The Facts After investigation, it was determined that this report was "completely made up," and it has been removed from the VAERS database.



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2-year-old in Pfizer kids study dies after vaccine. Reported on VAERS. Look for Pfizer researchers to exclude her from the study, probably claiming her death had nothing to do with the shot, she was going to die that day, five days after vaccination anyway. That's how they roll.

Event	Reported On	Reported By	Event Type	Event Category	Event Subcategory	Event Code	Event Description	Event Status	Event Date	Event Time	Event Location	Event Country	Event State	Event City	Event Zip	Event Address	Event Phone	Event Email	Event Website	Event Social Media
Death	5/9/21	1234567890	1	1	1	1	1	1	5/9/21	12:00	1234567890	USA	CA	12345	1234567890	1234567890	1234567890	1234567890	1234567890	1234567890

Example post spreading false claim

The original VAERS report of a 2-year-old dying after receiving the Pfizer vaccine no longer exists. CDC spokesperson Kristen Mendlund said via email it was removed from the system for being "completely made up."

Fact check: He is false. Her 2-year-old died after getting Pfizer COVID-19 vaccine. This is a VAERS report. It got removed because it was "completely made up." The report was removed from the system for being "completely made up."

1234567890 May 9, 2021 Pfizer for Pfizer

Example post with correct information

Associated Link(s) and Hashtag(s)

- [Fact check story](#)
- [Example post](#)
- [Example post](#)

ADVISORY

Potential Misinformation has been identified about the Vaccine Adverse Event Reporting System (VAERS).

Please **Be On the Lookout** for: Statements, pictures, posts, or messages containing misleading information about VAERS reports.

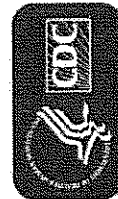
When December 2020 – Present

Where Digital Platform(s): All.

Status Users frequently share data and reports from VAERS that may be confusing or misleading to readers without further background or context about VAERS.

Potential Impact Reduced vaccine acceptance and confusion.

The Facts VAERS is a passive reporting system, meaning it relies on individuals to send in reports of their experiences to CDC and FDA. VAERS is not designed to determine if a vaccine caused a health problem but is especially useful for detecting unusual or unexpected patterns of adverse event reporting that might indicate a possible safety problem with a vaccine.



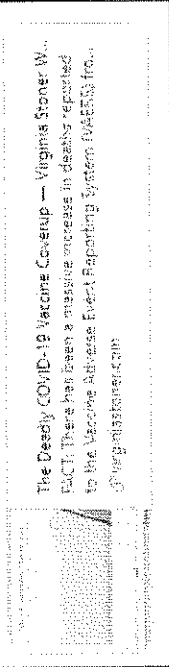
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is What The CDC's VAERS Not Telling Us The Real Danger Of The COVID Jabs?

The CDC's VAERS report has been used to gauge adverse effects and deaths from vaccines, but did you know that only roughly 1% of adverse effects and deaths occurring in the US pertaining to vaccines is actually reported? The same can be said for Europe's counterpart, could this mean that we are looking at more than 300,000 deaths in 4 months from the experimental COVID injections?

Some striking plots from the VAERS (Vaccine Adverse Event Reporting System) database.



According to VAERS USA has had about 15 years worth of vaccine related deaths in just 4 months.

Safe and effective...

Example posts

Associated Link(s) and Hashtag(s)

- [About VAERS](#)
- [Example post](#)
- [Example post](#)
- [Example post](#)
- [Hashtag: #vaers](#)

ADVISORY

Misinformation has been identified regarding the purpose of COVID-19 vaccines.

Please Be On the Lookout for: Statements, pictures, posts, or messages containing vaccines contain are bioweapons, part of a depopulation scheme, or contain microchips.

When December 2020 – Present

Where Digital Platform(s): Twitter, Instagram.

Status Conspiracy theories about the vaccine continue to spread, including that they are secretly a bioweapon or designed to control the global population. Many of these claims have been linked to Bill Gates.

Potential Impact Reduced vaccine acceptance.

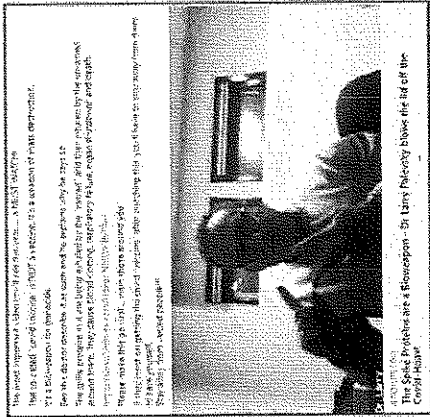
COVID-19 vaccines are safe and effective. COVID-19 vaccines were evaluated in tens of thousands of participants in clinical trials. The vaccines met the FDA's rigorous scientific standards for safety, effectiveness, and manufacturing quality needed to support emergency use authorization.

The Facts



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Example post

For the trolls - vaccines are not safe they never have been. They are a slow poison taking years off peoples lives, dumbing down the kids, causing all kinds physical and psychological problems and illnesses, infertility and depopulation. They have always been a method of depopulation

Example post

Associated Link(s) and Hashtag(s)

- [Safety of COVID-19 Vaccines](#)
- [Example post](#)
- [Example post](#)
- [Hashtags: #depopulation, #billgates, #greatreset](#)

ADVISORY

Potential misinformation may occur about COVID-19 vaccines and adolescents.

Please Be On the Lookout for: Statements, pictures, posts, or messages containing misinformation about the eligibility of 12- to 15-year-olds for the Pfizer/BioNTech COVID-19 vaccine.

When May 12, 2021

Where Digital Platform(s): All.

The CDC Director adopted CDC's Advisory Committee on Immunization Practices' recommendation that endorsed the safety and effectiveness of the Pfizer-BioNTech COVID-19 vaccine and its use in 12- through 15-year-old adolescents. In recent weeks, there has been an increase in misinformation about adolescents taking the vaccine.

Potential Impact

Reduced vaccine acceptance.

The Facts

CDC now recommends that this vaccine be used among 12- through 15-year-old adolescents, and providers may begin vaccinating them right away.



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Today, I adopted CDC's Advisory Committee on Immunization Practices (ACIP) recommendation that endorsed the safety and effectiveness of the Pfizer-BioNTech COVID-19 vaccine and its use in 12- through 15-year-old adolescents. CDC now recommends that this vaccine be used among this population, and providers may begin vaccinating them right away.

Though most children with COVID-19 have mild or no symptoms, some children can get severely ill and require hospitalization. There have also been rare, tragic cases of children dying from COVID-19 and its effects, including multisystem inflammatory syndrome in children, or MIS-C.

This official CDC recommendation follows FDA's approval to authorize emergency use of this vaccine in 12- through 15-year-old adolescents (2), and is another important step to getting out of the COVID-19 pandemic, and closer to normalcy.

It is to speed Ppls. downfall Along with drugging All the children with an untested unknown vaccination\$ that has no data or side effects listed, unlike common drugs they sell you on TV, that can harm you, but are still sold. Has government proven 2. trustworthy? No

Statement from
CDC Director

Example post

Associated Link(s) and Hashtag(s)

- [CDC Director Statement on Pfizer's Use of COVID-19 Vaccine in Adolescents Age 12 and Older](#)
- [FDA Emergency Use Authorization](#)
- [Example post](#)

Contact Information

Carol Crawford

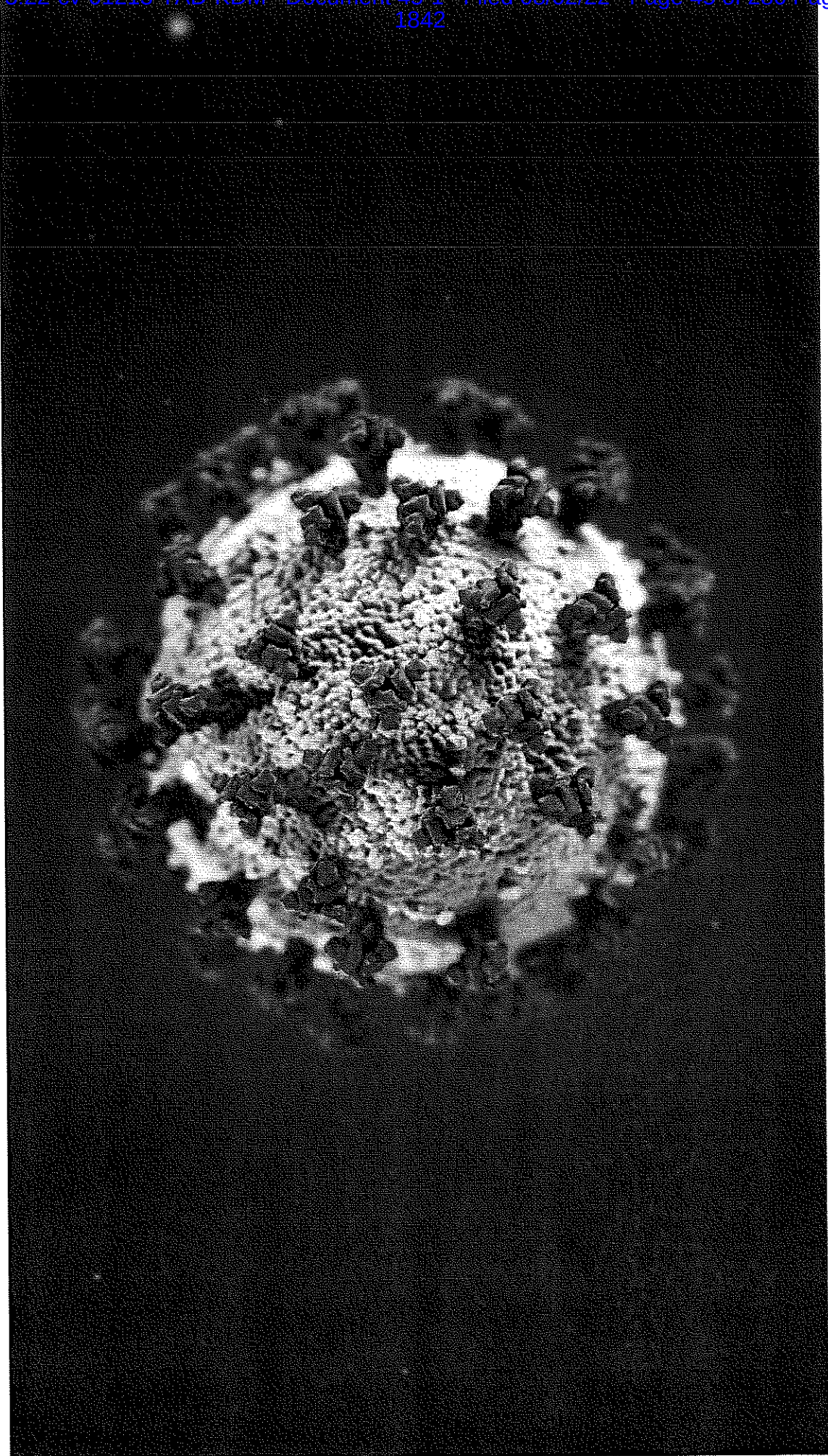
Digital Media Branch Chief, Division of Public Affairs
Centers for Disease Control and Prevention (CDC)

O: 404-498-2480 | M: 678-920-0578

cjy1@cdc.gov



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From: [Crawford, Carol Y. \(CDC/OD/OADC\)](#)
To: [Crawford, Carol Y. \(CDC/OD/OADC\)](#)
Cc: [llagone@fb.com](#); [Payton Ibama](#); [Carrie Adams](#); [Sam Huxley](#); [Christopher Thomas Lewitzke \(CENSUS/ADCOM CTR\)](#); [Sokler, Lynn \(CDC/OD/OADC\)](#); [Galatas, Kate \(CDC/OD/OADC\)](#); [Caroline.M.Faught@census.gov](#); [lexisturdy@fb.com](#); [Todd O'Boyle](#); [Jan Antonaros](#)
Subject: In lieu of a BOLO meeting tomorrow...
Date: Thursday, June 17, 2021 6:19:00 PM
Attachments: [CDC Working Group Meeting_20210618_v2.pptx](#)

Given the new federal holiday, I'll be cancelling our BOLO call tomorrow. However, I am sending the slides out for your reference. Let us know if you have any questions.

Thank you!

Carol Crawford
Chief, Digital Media Branch
Division of Public Affairs, OADC
CDC
ccrawford@cdc.gov
404-498-2840

COVID Vaccine Misinformation: Hot Topics

June 18, 2021



CDC24/7

Agenda



Introduction



Hot Topics

1. Spike Protein Accumulation Magnetism
Rumor/Airline travel



LOGISTICS

Next Meeting Date: To be announced
 Point of Contact: Want a follow-up meeting to discuss information presented? Contact Carol Crawford (cjl1@cdc.gov).



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ADVISORY

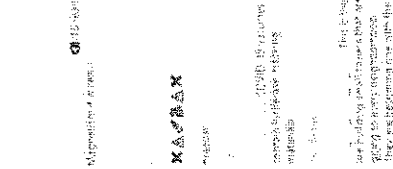
Misinformation has been identified about the COVID-19 vaccine ingredients and related side effects. Please Be On the Lookout for: Statements, pictures, posts, or messages containing misleading or false information that vaccine ingredients cause vaccinated individuals to become magnetic.

When May 2021 – Present
Where Digital Platform(s): All.

Status There continue to be videos shared widely on social media platforms claim to show individuals becoming "magnetic" after receiving the vaccine, further fueling the false claim that vaccines contain microchips.

Potential Impact Reduced vaccine acceptance and spread in real-world spaces.

The Facts Receiving a COVID-19 vaccine will not make you magnetic, including at the site of vaccination which is usually your arm. COVID-19 vaccines do not contain ingredients that can produce an electromagnetic field at the site of your injection.



Example posts

Associated Link(s) and Hashtag(s)

- [Myths and Facts about COVID-19 Vaccines](#)
[Example post](#)
[Example post](#)
[What are the ingredients in COVID-19 vaccines?](#)
[Hashtag: #magnetgate](#)
[Hashtag: #VaccineMagnetChallenge](#)



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ADVISORY

Misinformation has been identified about risks for individuals who have received the COVID-19 vaccine. Please Be On the Lookout for: Statements, pictures, posts, or messages containing misleading or false information that vaccinated individuals cannot travel via airplane.

When June 2021
Where Digital Platform(s): Twitter, Facebook, TikTok, Telegram

Status There have been claims that because of a risk of blood clots, airlines are not allowing vaccinated individuals to travel or are discussing a potential ban.

Potential Impact Reduced vaccine acceptance and confusion.

The Facts CDC recommends to delay travel until fully vaccinated. Not related to the COVID-19 pandemic, airplane travel, especially flights longer than 4 hours, may increase the risk for blood clots, including deep vein thrombosis and pulmonary embolism.



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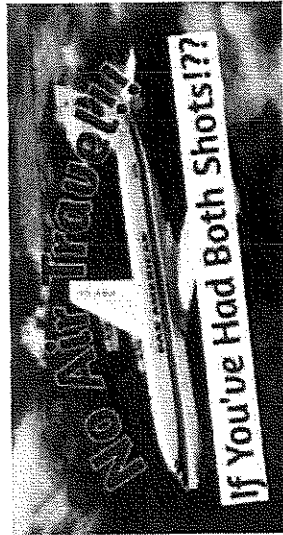
Airlines Are Addressing the Problem Of Blood Clots And Recommending Vaccinated People Not To Travel.

The COVID vaccine side effects are beginning to stack up.

via China - Telegram



The airlines could be scammed too.



Example posts

Associated Link(s) and Hashtag(s)

- [Domestic Travel during COVID-19 Before You Travel Fact check story Example post Example post](#)

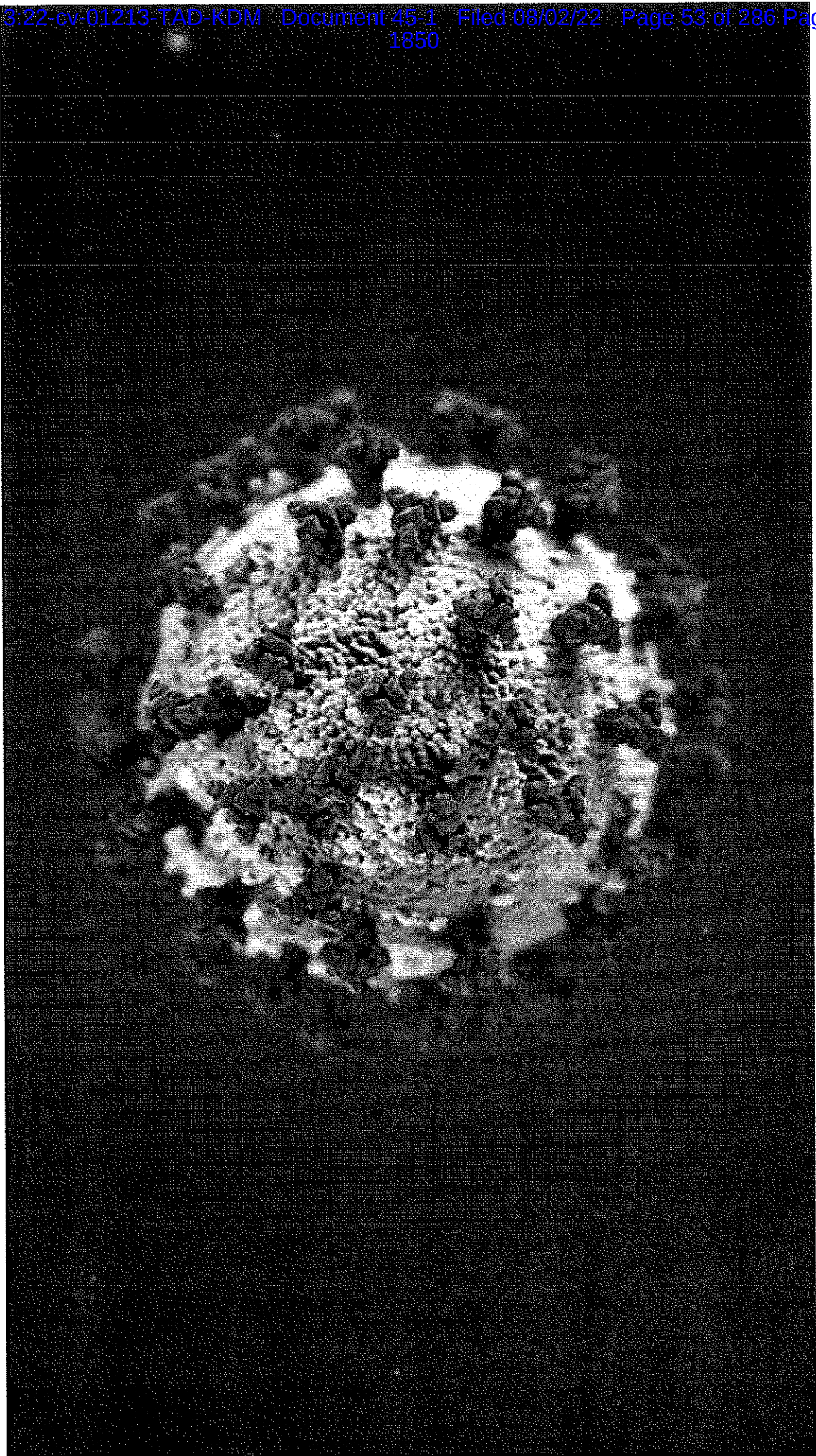
Contact Information

**Carol Crawford Digital Media Branch Chief, Division of Public Affairs Centers for
Disease Control and Prevention (CDC) O: 404-498-2480 | M: 678-920-0578
cjl1@cdc.gov**



Centers for Disease
Control and Prevention
Office of the Director

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From: Crawford, Carol Y. (CDC/OD/OADC)
To: Jan Antonaros; Stanley Onyimba
Subject: J&J content
Date: Wednesday, April 14, 2021 10:03:00 AM

FYI...the content that we thought would post last night, has not. Will be posted after the ACIP this afternoon.

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Payton, Irene; Genelle Adrien
Cc: Sam Huxley; Christopher Lewitzke; Jennifer Shookhorn (CENSUS/ADCOM FED); Sokler, Lynn (CDC/OD/OADC)
Subject: Misinfo on two issues
Date: Thursday, May 6, 2021 8:55:00 PM

Payton/Genelle-

As mentioned, here are two issues we are seeing a great deal of misinfo on that we wanted to flag for you all – vaccine shedding and microchips. These are just some example posts. We do plan to post something shortly to address vaccine shedding and I can send that link soon. Our census team copied here, has much more info on it if needed.

Thanks!

Facebook and Instagram

Post text	Link
<p><i>Screenshot that reads:</i> For a year, we were told that we need to socially distance and wear masks to avoid asymptomatic spreaders. NOW, the vaccinated ARE the asymptomatic spreaders through viral shedding of their vaccine.</p>	<p>https://www.instagram.com/p/COTIIZMHsUN/</p>
<p>SWIPE: For weeks, it has been rumored that viral shedding from Covid-19 vaccinated to Covid-19 unvaccinated people was the cause of problems with women and their menstrual cycles. Some of these problems include miscarriage.</p>	<p>https://www.instagram.com/p/COTO9OdH1_U/</p>
<p><i>Screenshot that reads:</i> We now know the COVID jab sheds. The first distribution of this nightmare went to healthcare providers who are now shedding on their patients and then to teachers who are now shedding on our children.</p>	<p>https://www.instagram.com/p/COUA5w9AuoW/</p>
<p>If it is being used for depopulation, then why are they giving it to the key people like NHS workers, carers, the military, etc? If all these people end up dying from the poison, then what? Do the poisons have a sterility agent that won't kill the person, but will make them sterile, thus</p>	<p>https://www.facebook.com/1100924840381516/posts/1126327577841242</p>

<p>reducing the population in the future? Any thoughts?</p>	
<p>Former VP Of Pfizer Drops Terrifying Bombshell On Vaccine Scheme: "Entirely Possible This Will Be Used For Massive-Scale Depopulation" https://www.teaparty.org/former- vp-of-pfizer-drops.../</p>	<p>https://www.facebook.com/172526489431467/posts/4877608792256523</p>
<p>Only ones really pushing these unapproved jabs are those in with Gates Foundation, that are behind depopulation of the planet.</p>	<p>https://www.facebook.com/225877282549585/posts/273569341113712</p>
<p>No medical degree yet controls the field of medicine? No agricultural degree yet has purchased LARGE quantities of land? Father worked with planned parenthood and was indeed a EUGENICIST? So what is the goal of these 's Mr. Gates? The same as your fathers = Depopulation....</p>	<p>https://www.instagram.com/tv/COeTQqUnwPU/</p>
<p>Dr. Sherri Tenpenny Explains How the Depopulation COVID Vaccines Will Start Working in 3-6 Months</p>	<p>https://www.instagram.com/p/COVPvcqDARd/</p>
<p>Vaccine Shedding Causing Miscarriages and Blood Clots in Unvaccinated Females</p>	<p>https://www.facebook.com/104622279580575/posts/3987080758001355</p>
<p>Turns out Pfizer did tests and found that the spiked protein can "shed" (their word) and affect unvaccinated people. Are you concerned about being around people who may be unknowingly emitting the filthy vaccine?</p>	<p>https://www.facebook.com/59453552191/posts/10159109994267192</p>
<p>Seeing more and more signs like this in stores because of shedding. Be aware that for up to four months after you get your vaccine you can really get others extremely ill [Note: Fact checked but not removed]</p>	<p>https://www.facebook.com/1141356506338028/posts/1173137176493294</p>
<p>Has anyone else heard of people that have gotten the Vaccine, making people that didnt get vaccine sick(after being in close contact with them)? Symptoms such as- itching, migraines, bad</p>	<p>https://www.facebook.com/819249958919372/posts/910044976506536</p>

<p>stomach cramps, periods happening randomly or 2 times a month when they are usually pretty consistent, and etc? The Term they are using is "Shedding".</p>	
<p>Stay tuned and follow @sharyl_attkisson & Dr. Larry Palevsky, Dr. Tenpenny, so many more on Twitter and keep your eye out for the whistle blower videos on the spike protein shedding and causing damage to reproductive organs. There is NO PROOF that this IS NOT occurring, none...</p>	<p>https://www.instagram.com/p/COMtAVJnHbE/</p>
<p>[Repost of above]</p>	<p>https://www.instagram.com/p/CONztCUAdRI/</p>
<p>In a disturbing twist of the genocide program, women are reporting strange menstrual cycles, and even miscarriages, after being close to those who have had the .</p>	<p>https://www.instagram.com/p/CN98SoDAAWO/</p>
<p>SPIKE PROTEIN CONFUSION - V SHEDDING, BLOOD AND FERTILITY</p> <p>This is a clip from Amandha Vollmer's bitchute account Doctor_Yummy that explains what's going on with the spike proteins and shedding quite well.</p>	<p>https://www.instagram.com/tv/COPDR1aAEgm/</p>

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Jan Antonaros; Stanley Onyimba
Cc: LaPorte, Kathleen (CDC/DDID/NCIRD/ID); Bretthauer-Mueller, Rosemary (CDC/DDNID/NCIRC/OD); Kelly, Krista (HHS/ASPA)
Subject: New About VaccineFinder CDC webpage
Date: Thursday, February 25, 2021 2:29:00 PM

Stanley/Jan – Just saw this after our 1:00 with HHS. We wanted to point out this new webpage we just posted – [About VaccineFinder](#). It would be great if this would come up higher in results instead of our provider page ([VaccineFinder: COVID-19 Information for Jurisdictions and Healthcare Providers](#)). But also, I wanted you to see our resource on it if helpful in anyway.

Happy to answer any other questions and have copied Kathleen and Rosie, our vaccine experts here too.

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Todd O'Boyle
Subject: RE: CDC COVID-19 BOLO Meeting
Date: Thursday, June 10, 2021 7:12:00 AM

Thanks for letting us know.

From: Todd O'Boyle <toboyle@twitter.com>
Sent: Wednesday, June 9, 2021 7:54 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Subject: Re: CDC COVID-19 BOLO Meeting

I will be on (b)(6) next week, but I will see if another colleague from Twitter can join.

Best.
TO

On Wed, Jun 9, 2021 at 4:23 PM Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov> wrote:

We would like to invite digital platforms to attend our 3rd short "Be On The Lookout" meeting on COVID. Let us know if you have questions and feel free to forward this message to anyone in your organization that should attend.

Join ZoomGov Meeting

(b)(6)

Meeting ID: (b)(6)

Passcode: (b)(6)

One tap mobile

(b)(6) US (San Jose)
(b)(6) US (New York)

Dial by your location

(b)(6) (San Jose)
(b)(6) (New York)
(b)(6) (San Jose)

(b)(6)

Meeting ID: (b)(6)

Passcode: (b)(6)

Find your local number (b)(6)

Join by SIP

(b)(6)

Join by H.323

(b)(6) (US West)
(b)(6) (US East)

Meeting ID: (b)(6)

Passcode: (b)(6)

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Genelle Adrien; Dempsey, Jay H. (CDC/OD/OADC)
Cc: Payton Itheme; McDaniel, Rebecca (CDC/OD/OADC)
Subject: RE: CDC approval requested: FAQ Content
Date: Tuesday, May 11, 2021 1:50:00 PM
Attachments: Facebook COVID-19 vax numbers_unsigned licensing agreement.docx

If you call can sign this we can move forward with the logo add. Thanks!

From: Genelle Adrien <genelleadrien@fb.com>
Sent: Tuesday, May 4, 2021 8:45 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>; Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>
Cc: Payton Itheme <payton@fb.com>; McDaniel, Rebecca (CDC/OD/OADC) <ldy8@cdc.gov>
Subject: Re: CDC approval requested: FAQ Content

Thanks, Carol! This is great feedback. The proactive comms was in reference to this new FAQ module.

Speaking of the logo approval, the action page is live here: <https://about.facebook.com/actions/responding-to-covid-19>. And, we will add the CDC logo once we have your go ahead.

Thank you—
Genelle

From: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Date: Tuesday, May 4, 2021 at 7:53 PM
To: Genelle Adrien <genelleadrien@fb.com>, Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>
Cc: Payton Itheme <payton@fb.com>, McDaniel, Rebecca (CDC/OD/OADC) <ldy8@cdc.gov>
Subject: RE: CDC approval requested: FAQ Content

Hi Genelle – one Q was fine but our SMEs said the below on the other question. Also, just to check – was the proactive comms note about the item I'm getting the logo approved for?

From task force:

I would suggest (b)(5) plus correcting the list as shown in red). For that bottom text, the first sentence is duplicative of the bulleted list

(b)(5)

**Centers for Disease Control and Prevention/CDC
Trademark License Agreement—Non-Exclusive**

Trademark License Number:

Licensee: Facebook Technologies, LLC

This Agreement (“Agreement”) is dated as of _____, 20__ (“Effective Date”), between the Centers for Disease Control and Prevention/ATSDR, an agency of the Public Health Service, located at 1600 Clifton Road, Atlanta, GA 30329 (“Licensor; PHS”) and Facebook Technologies, LLC (“Licensee”; collectively, the Parties) located at 1601 Willow Road, Menlo Park, CA 94025.

Recitals

PHS is the owner of trademarks (“Trademarks”) as identified in Attachment “A,” and the goodwill associated therewith.

The Trademarks are used in association with public health/safety messages, training, or communication initiatives that support the mission of Licensor, which is “Collaborating to create the expertise, information, and tools that people and communities need to protect their health – through health promotion, prevention of disease, injury and disability, and preparedness for new health threats.”

Licensee desires to use the Trademarks on and in connection with jointly developed public health/safety messages, training modules, or other communication initiatives, as identified in Attachment B, as a co-brand with Licensee’s brand.

The Parties are entering into this Agreement to confirm the basis upon which Licensee is permitted to use the Trademarks.

NOW, THEREFORE, for good and valuable consideration, including the mutual promises and covenants contained herein, the receipt and adequacy of which is hereby acknowledged, the Parties agree as follows:

1. Grant:
 1. PHS hereby grants to Licensee a non-exclusive, non-transferable, royalty free, license (“License”) to use, reproduce and display the Trademarks on and within Internet pages, visual presentations, or written materials solely in connection with the jointly developed public health/safety messages. The License is for non-commercial use of the Trademarks only. The Trademarks may not be used in connection with any other goods or services without the written consent of PHS.
 2. Licensee shall only use the Trademarks on or in additional products or services other than those identified in Attachment B after such use has been approved by PHS, in writing, in response to a written request by Licensee.

2. Term of the Agreement: This Agreement will begin on the Effective Date and will continue for a period of thirty-six (36) months or upon expiration of the use described in Attachment B or any subsequent approval under paragraph 1.2, whichever occurs first ("Term"), unless terminated earlier in accordance with this Agreement.
3. Termination: Licensee shall have a unilateral right to terminate this Agreement by giving PHS seven (7) days written notice to that effect. PHS or Licensee may (without prejudice to any other right or remedy) terminate this Agreement (a) at any time upon notice in writing to the other party if the other party is in material breach of any obligation hereunder and does not cure such breach within seven (7) days of being requested in writing to do so; or (b) upon notice, where the Licensee's use of the Trademarks is the subject of a legal claim. The license to use PHS's Trademarks will cease within three (3) business days upon the termination or expiration of this Agreement. Licensee agrees to remove any Internet page content if in PHS's sole discretion such removal is warranted, and to destroy all material bearing the Licensed Trademarks. Licensee shall provide PHS written confirmation of such destruction. Notwithstanding, Licensee may, at PHS's discretion, distribute stocks of co-branded materials existing at the time of license termination unless Licensee has materially breached this Agreement and failed to cure such breach within thirty (30) days written notice by PHS. In the event there is a significant change in the scientific research or data reflected in any product using the Trademarks, which PHS reasonably concludes renders the content substantially inaccurate, PHS may notify the Licensee in writing. Upon receipt of such notice, Licensee shall, prior to producing any further such products update the content of those products. Failure to provide such update will result in PHS's termination of the license granted with respect to such products determined by PHS to contain scientifically outdated, incorrect, or harmful content.
4. Permitted Use; Standards of Quality; and Approval: The Licensee will only use the Trademarks in conformance with the policies, specifications, regulations and standards authorized or stipulated by PHS and whose character and quality is not altered by the Licensee without the authorization of PHS. Licensee is strictly prohibited from using any materials including the licensed product to promote any political party or affiliation or for lobbying purposes. Licensee may not use the Trademarks together with any content that is unlawful, defamatory, infringing, obscene, fraudulent, hateful, or racially, ethnically or otherwise objectionable in the sole discretion of PHS. Licensee may not use the Trademarks for any commercial purpose or to endorse or imply endorsement of any entity, product or service, including Licensee. Licensee agrees to adhere to the trademark usage guidelines illustrated in Attachment A. Licensee shall submit for PHS's approval at least one sample of each product using the Trademarks, including any product to be made available through the Internet, packaged and labeled in the form proposed to be marketed, at least twenty (20) business days before actually marketed. Licensee shall use the Trademarks only as specified in Attachment B or as otherwise approved in accordance with paragraph 1.2.
5. Trademark Control: Upon request by PHS, the Licensee will provide PHS with representative use(s) of Trademarks. Use of the Trademarks on goods or services other than as covered under this Agreement or in a manner inconsistent with Licensor's Trademark Guidelines or paragraph 4 shall constitute material breach of this Agreement. Notwithstanding paragraph 3, if such material breach has not been cured within five (5) business days following receipt of notice from PHS, this Agreement will be terminated.

6. **Ownership:** Licensee agrees to use the Trademarks only as stated in this Agreement. Licensee agrees not to use the Trademarks in combination with any other trade name, trademark or service mark without the prior written approval of PHS. Licensee acquires no right, title or interest in Licensor's Trademarks or the goodwill associated with them, other than the right to use Licensor's Trademarks according to this Agreement. In accepting this Agreement, Licensee acknowledges that as between Licensee and PHS, PHS is the owner of the Licensor's Trademarks and Licensee agrees not to use or apply to register any trademarks which include a Licensor Trademark or any trademark, service mark, trade name or derivation confusingly similar to a Licensor Trademark, in any country or territory during or after the term of this Agreement. Licensee will not take any action in derogation of any of the rights of PHS in any Licensor Trademarks.
7. **Copyright:** Contributions by US government employees in products bearing the Trademarks are not subject to copyright in the United States.
8. **Indemnification:** PHS offers no warranties other than that it owns the Trademarks. No indemnification of any loss, claim, damage or liability is intended or provided by any party under this Agreement. Each party shall be responsible for any loss, claim, damage or liability it incurs.
9. **Assignment:** The License granted herein is personal to Licensee and Licensee shall not assign, sub-license, transfer, or otherwise convey Licensee's rights or obligations under this Agreement without PHS's prior written consent, such consent of PHS not to be withheld unreasonably.
10. **Survival.** The parties' rights and obligations, which by their nature would continue beyond the termination of this Agreement, including, but not limited to, indemnification and actions affecting the enforceability of the mark, shall survive such termination.
11. **Partial Invalidity:** The provisions of this Agreement are severable, and in the event that any provision of this Agreement shall be determined to be invalid or unenforceable under any controlling body of law, such determination shall not in any way affect the validity or enforceability of the remaining provisions of this Agreement.
12. **Entire Agreement:** This Agreement supersedes all previous agreements, understandings, and arrangements between the parties, whether oral or written, and constitutes the entire agreement between the parties regarding the subject matter herein.
13. **Notice:** All notices required or permitted by this Agreement shall be given by confirmed receipt email or prepaid, first class, registered or certified mail properly addressed to the following:

1. For CDC:
Rick Hull
Health Communications Specialist
Centers for Disease Control and Prevention
4770 Buford Highway K80
Atlanta, GA 30341
770-488-5055

flh1@cdc.gov

2. For Licensee:

Julian Nagler

jnagler@fb.com

With a copy to:

Email: Legal-Notices@fb.com

Attention: FB Legal Notices

14. Trademark Notice; Non-Endorsement Statement: Licensee agrees to place the following trademark notice on any product, communication, item, or Internet page that includes a Licensed Trademark: "The mark 'CDC' is owned by the US Dept. of Health and Human Services and is used with permission. Use of this logo is not an endorsement by HHS or CDC of any particular product, service, or enterprise." The notice must be placed in proximity to Licensed Trademarks.
15. Waiver of Rights: Neither Party may waive or release any of its rights or interests in this Agreement except in writing. The failure of PHS to assert a right hereunder or to insist upon compliance with any term or condition of this Agreement shall not constitute a waiver of that right by PHS or excuse a similar subsequent failure to perform any such term or condition by Licensee.
16. Non-endorsement: By entering into this Agreement, PHS does not directly or indirectly endorse Licensee or any product or service provided, or to be provided, by Licensee whether directly or indirectly related to this Agreement. Licensee shall not state or imply that this Agreement is an endorsement by the U.S. Government, PHS, any other U.S. Government organizational unit, or any U.S. Government employee. Additionally, other than the use specified in Attachment B, Licensee shall not use the names of CDC, PHS, or DHHS or the U.S. Government or their employees in any commercial advertising, promotional, or sales literature.
17. Dispute Settlement: The Parties agree to attempt to settle amicably any controversy or claim arising under this Agreement or a breach of this Agreement. Licensee agrees first to appeal any such unsettled claims or controversies to the designated PHS official, or designee, whose decision shall be considered the final agency decision. Thereafter, Licensee may exercise any administrative or judicial remedies that may be available.
18. Modifications: If either Party desires a modification to this Agreement, the Parties shall, upon reasonable notice of the proposed modification by the Party desiring the change, confer in good faith to determine the desirability of such modification. No modification will be effective until a written amendment is signed by the signatories to this Agreement or their designees.

IN WITNESS WHEREOF, the parties have caused this License to be executed by their duly authorized representatives.

For **PHS**:

Signature of Authorized PHS Official

Date

Juliana Cyril, Ph.D.

Director, Office of Technology and Innovation

Centers for Disease Control and Prevention

For **Licensee**:

Signature of Authorized Licensee Official

Date

Michael Abrash

VP, Facebook Research

Authorized Representative, Facebook Technologies, LLC

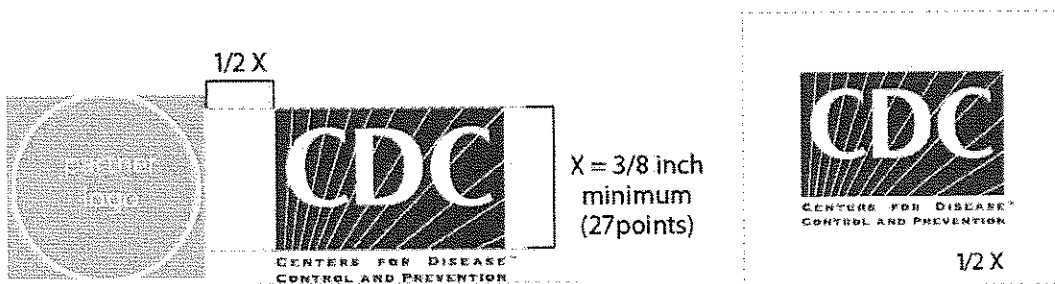
Attachment A – Trademarks

Color

The official CDC logo color is Pantone 286 blue (CMYK: 100, 66, 0, 2 RGB: 0, 93, 170) or black. Substitution of CDC blue or black is prohibited. The blue is acceptable for use on color material and the black is only acceptable for black and white or spot color use or when the partner logo is also presented in black and white.

Alignment and spacing

Separate the CDC logo from the partner logo by a minimum of 1/2 the vertical measurement of the CDC logo (excluding the CDC logo tag line).



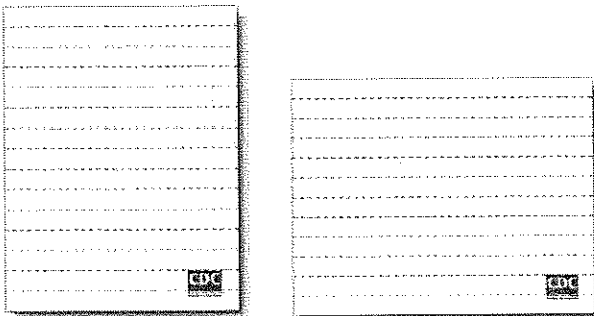
A buffer area of "1/2 X" around the CDC logo should be maintained free of text or graphics.

Partner use of the CDC logo on a Web site or Web page:

- The logo should be placed near the bottom of the partner's Web page.
- The following trademark notice should be placed proximate to the logo: "The mark 'CDC' is owned by the US Dept. of Health and Human Services and is used with permission. Use of this logo is not an endorsement by HHS or CDC of any particular product, service, or enterprise."
- The logo should be used at a minimum of 35 pixels in height and a maximum of 45 pixels in height, with proportional scaling of its horizontal dimension.

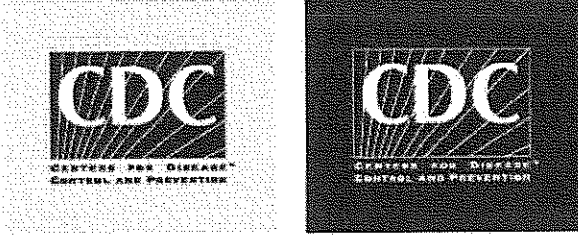
Appropriate relative sizing

On a vertically-oriented document the logo may occupy approximately 1/15 of the vertical grid. On a horizontally-oriented document the logo may occupy approximately 1/12 of the vertical grid.

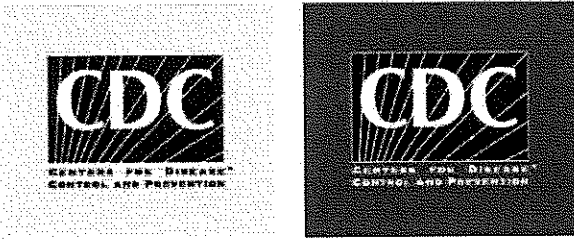


Legibility over a background color or image

The logo tag line only is reversed to white when used over a dark background. The logo block remains blue with white detail.



The same is true for the black version. Do not use a drop shadow, halo effect, or add a color frame to achieve legibility over a dark background or photo.



Examples of inappropriate logo use

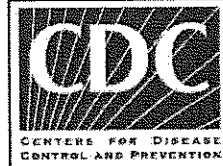
altering the color



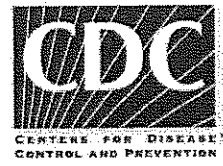
altering the horizontal or vertical proportions



placing it inside a lined box



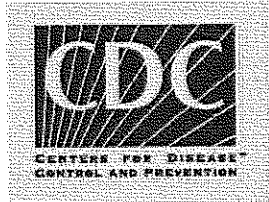
adding a dropshadow



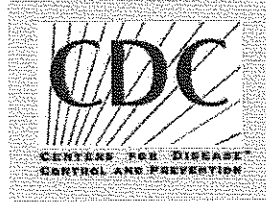
rotating off-standard alignment



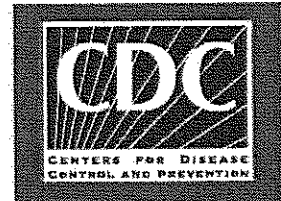
changing the transparency



reversing the color

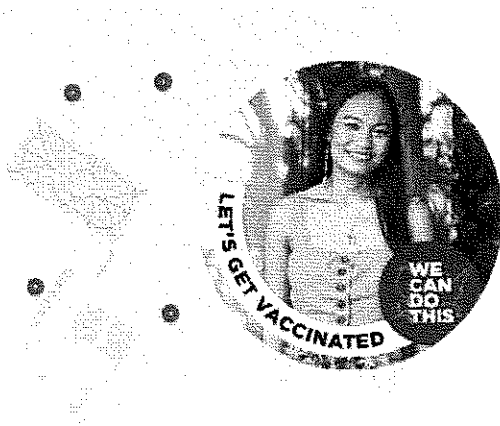


placing inside a filled box



Attachment B – Covered Use


(sample covered use, showing where partner and PHS trademarks will go, per trademark usage guidance in Attachment A, and with “Trademark Notice; Non-Endorsement Statement” provided in paragraph 14. of the agreement.)



OUR GOAL

Helping 50 million people find the vaccine information they need.

VaccineFinder gives people a way to use Facebook and Instagram to find when and where they can make a vaccine appointment.

 Find COVID-19 vaccine sites near you ↗



Last updated:
04/28/2021
Visit the COVID-19
Vaccine Finder

How many people in the US have been vaccinated:
142,692,987
(at least one dose)

(b)(5)

From: Genelle Adrien <genelleadrien@fb.com>

Sent: Tuesday, May 4, 2021 9:19 AM

To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>; Dempsey, Jay H. (CDC/OD/OADC) <jfb5@cdc.gov>

Cc: Payton Itheme <payton@fb.com>

Subject: CDC approval requested: FAQ Content

Hi Carol – Hope the week is off to a great start. Our content specialist, recently made copyedits to two CDC questions for our new FAQ modules appearing in the COVID-19 Information Center.

These are fairly minor edits to what you've already provided, but if you have additional edits, could you please let us know by COB if possible?

A quick note that our new launch date is 5/17. We are not planning any proactive comms at the moment, but if we do, we will let you know and coordinate accordingly.

Thanks and let me know if you have questions!

Best,
Genelle

From: [Crawford, Carol Y. \(CDC/OD/OADC\)](#)
To: [Payton Iheme](#)
Subject: RE: Health Equity Strategy mentioned on the call
Date: Thursday, April 15, 2021 3:48:00 PM

[CDC COVID-19 Response Health Equity Strategy | CDC](#)

From: Payton Iheme <payton@fb.com>
Sent: Thursday, April 15, 2021 3:15 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Subject: Health Equity Strategy mentioned on the call

Can you send (resend) just in case I don't have this?

Best,

Payton

FACEBOOK

Payton Iheme
U.S. Public Policy
[Facebook](#)

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Stanley Onyimba
Cc: Jan Antonaros
Subject: RE: J&J content
Date: Wednesday, April 14, 2021 12:30:00 PM

We ended up posting some new info, have some FAQs going up (likely before ACIP or during) and then updates from there.

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/JJUpdate.html>.

From: Stanley Onyimba <sonyimba@google.com>
Sent: Wednesday, April 14, 2021 10:32 AM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Cc: Jan Antonaros <jantonaros@google.com>
Subject: Re: J&J content

Thanks for letting us know, Carol.

On Wed, Apr 14, 2021, 7:03 AM Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov> wrote:

- FYI...the content that we thought would post last night, has not. Will be posted after the ACIP this afternoon.

From: [Crawford, Carol Y. \(CDC/OD/OADC\)](#)
To: [Payton Iheme](#)
Cc: [Chelsey Lepage](#); [Genelle Adrien](#); [Dempsey, Jay H. \(CDC/OD/OADC\)](#)
Subject: RE: J&J info now posted
Date: Wednesday, April 14, 2021 12:33:00 PM

Sorry -- the Advisory Committee on Immunization Practices that will meet to make recommendations on next steps related to this pause.

From: Payton Iheme <payton@fb.com>
Sent: Wednesday, April 14, 2021 12:31 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Cc: Chelsey Lepage <chelseylepage@fb.com>; Genelle Adrien <genelleadrien@fb.com>; Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>
Subject: Re: J&J info now posted

Thank you.

What is ACIP?

From: Carol Crawford <cjy1@cdc.gov>
Date: Wednesday, April 14, 2021 at 12:29 PM
To: Payton Iheme <payton@fb.com>
Cc: Chelsey Lepage <chelseylepage@fb.com>, Genelle Adrien <genelleadrien@fb.com>, "Dempsey, Jay H. (CDC/OD/OADC)" <ifb5@cdc.gov>
Subject: J&J info now posted

First page is up, some FAQs are in process of being added. I expect more updates after ACIP.

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/JJUpdate.html>.

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Priya Gangolly
Cc: Payton Itheme; Rosalyn Mahashin
Subject: RE: Meeting today
Date: Friday, December 18, 2020 1:45:00 PM
Attachments: COVID-19 vaccine focus groups Topline Final.pdf

Not exactly the same thing but I was able to get my hands on this. I hope it helps!

From: Priya Gangolly <pgangolly@fb.com>
Sent: Wednesday, December 9, 2020 3:20 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Cc: Payton Itheme <payton@fb.com>; Rosalyn Mahashin <rmahashin@fb.com>
Subject: Re: Meeting today

I've attached the study here! I think it was among the flu resources the immunization team had shared with us this summer.

From: "Crawford, Carol Y. (CDC/OD/OADC)" <cjy1@cdc.gov>
Date: Wednesday, December 9, 2020 at 11:55 AM
To: Priya Gangolly <pgangolly@fb.com>
Subject: RE: Meeting today

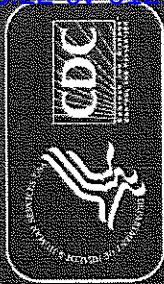
Can you remind me which study you are referencing? Its not hitting me.

From: Priya Gangolly <pgangolly@fb.com>
Sent: Wednesday, December 9, 2020 2:46 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Cc: Payton Itheme <payton@fb.com>
Subject: Re: Meeting today

One question I forgot to add from the team – has the CDC done a quant study for the COVID -19 vaccine (similarly to the one you shared with us for flu)?

From: Priya Gangolly <pgangolly@fb.com>
Date: Wednesday, December 9, 2020 at 11:40 AM
To: "Crawford, Carol Y. (CDC/OD/OADC)" <cjy1@cdc.gov>
Cc: Payton Itheme <payton@fb.com>
Subject: Meeting today

Centers for Disease Control and Prevention
National Center for Immunization and Respiratory Diseases



Topline Findings from Qualitative Research on a Future COVID-19 Vaccine

August 25, 2020

Cynthia Jorgensen, DrPH
Vaccine Planning Unit – Communication Lead
Associate Director for Communication
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention

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Research Purpose

- Explore attitudes and knowledge about the COVID-19 vaccines
 - Development process, testing, timeframe, availability
 - Administration
 - Cost
- Understand intentions to get a COVID-19 vaccine when available
- Understand perceptions around groups who should get vaccinated first
- Learn trusted sources of information

Methods

- Focus Groups Methodology
 - Total of 49 groups, n= 239
 - Conducted from June 17 to August 26
- Two primary audiences – 6 segments
 - Mixed Race/Ethnicity and African American
 - Older adults (lower & median SES), parents, young adults, essential workers, and nurses
- Quota sampling of participants via professional recruitment company
- Conducted online via Zoom - 60 minutes
 - 8 participants recruited for each group - goal to seat 6
- Led by trained moderators following established guide
- Findings today from notes-based analysis

Discussion Topics

- Awareness of potential COVID-19 vaccines
 - Availability
 - Timeframe
 - Knowledge of vaccine development and testing
- Intentions to get a COVID-19 vaccine, when widely available
- Vaccine rollout
- Vaccine administration
 - Expectations
 - Preferred locations
- Trusted sources of information
- Topics for further research

Audience Segments

Audience segment	Number of Focus Groups		
	Mixed race/ethnicity	African American	Total
Older adults (60+), low SES	3	4	7
Older adults (60+), median SES	3	4	7
Parents of children <18	3	4	7
Adults 20–30, no children	6	8	14
Essential workers (non-medical)	3	4	7
Registered nurses (practice and hospital based)	3	4	7
Total	21	28	49

Awareness and Knowledge of COVID-19 Vaccine

- Almost all participants aware that COVID-19 vaccine(s) are in development
- Some uncertainty regarding when vaccine(s) will be first available
 - Fall 2020
 - Early 2021
 - Sometime in 2021
- Concerns expressed about the speed of development and safety
- Few comments about the number of vaccines in development, the different manufacturers, or countries leading vaccine development

Intentions to Get Vaccinated

- Participants generally open to getting a COVID-19 vaccine eventually
- Many participants hesitant to get a COVID-19 vaccine when first available
- Concerns included:
 - Safety
 - Side effects (both short and long term)
 - No specific consequences expressed, but just “side effects”
 - Effectiveness
 - Sufficient testing in their group (age, race, ethnicity, underlying health conditions)
 - Rapid development process
- Participants wanted more information and/or would “wait and see” before making a final decision
- 6 months commonly cited as a reasonable time frame

Reasons to Get Vaccinated or Not

Yes

- Desire to get back to a normal life
- Trust in vaccines and the scientific process

No

- I don't get vaccines
- I'm healthy
- Don't trust it
- Strongest hesitancy expressed among African American persons

*"I don't trust putting that stuff into my body
and I have kids"*

African American female

Questions and Assumptions – COVID-19 Vaccine

- Cost
 - Most assumed the vaccine would be free
 - Covered by government or insurance
- Administration
 - Most participants unsure about number of doses and schedule
- Location
 - Most comfortable with their doctor’s office
 - Pharmacies – generally comfortable, but some were not
 - Wanted “clean” or “sanitary” locations with trained medical professionals
 - Some settings raised concerns about cleanliness and crowds
- Mandatory
 - Some participants wondered if would the vaccine be “mandatory” for school, work, travel, or “in general”

Vaccine Rollout

- Similar beliefs across the various audience segments
- Groups who should be among the first to receive a COVID-19 vaccine included:
 - Healthcare workers
 - First responders
 - Essential workers
 - Populations at higher risk

“Oh, healthcare workers absolutely.”

Caucasian Female

Key Considerations – Vaccine Rollout

- Occupation
 - Exposure to COVID-19 while caring for people who are infected
 - Performing essential services for continuing daily life (*police, mass transit*)
 - Frontline workers with potential exposure from interacting with the public (*grocery stores, big box stores*)
 - Workers in settings with exposure to coworkers (*factory work*)

- Populations at Higher Risk
 - People with chronic conditions
 - Older adults
 - Racial and ethnic groups – very mixed
 - Congregant settings – rarely mentioned

Vaccine Rollout – Specific Racial and Ethnic Groups

Mixed Perspectives

- Questioned if vaccine(s) would be sufficiently tested on specific groups
- Need vaccine due to high rates of COVID-19 disease and deaths
- Shouldn't be specifically targeted based upon their race or ethnicity
- Perceived continuation of the experimentation
- Already prioritized given occupation

*Black and brown people are frontline workers,
then they are already the community who should
get the vaccine first*

African American Female

Points of confusion

- Recruitment for Clinical Trials
 - Efforts recruiting African American persons interpreted by some as being experimented on and used as “Guinea pigs”
- Purpose of Vaccine
 - Vaccine will get rid of the symptoms or cure COVID-19
 - Only need to get vaccinated if one had bad case of COVID-19 (*aka flu*)
 - Others perceived vaccine is for people who are or had been infected
 - “Get rid of COVID in the community”
- Post Release
 - What happens after approval of a new vaccine?
 - How are people monitored and how do we know about side effects?

Sources of Information

Sources of *and* trusted sources of information varied by audience segment

- Older segments
 - Relied on news establishments for information
 - Personal doctor was especially trusted
- Younger segments
 - Social media commonly cited as a source of information – not always trusted
 - Distrusted established news organizations
- **Trusted organizations included**
 - CDC
 - NIH
 - WHO
 - State or local health departments (by some participants)

I do not trust the news. The media takes advantage of the situation.
Caucasian Male

■ **Individuals cited varied widely and included**

- Dr. Fauci
- Relatives who were healthcare workers
- Certain media figures and celebrities

Topics for Further Exploration

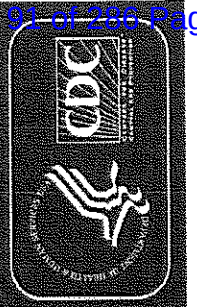
- Intentions to get vaccinated over time and with more information
- Expectations around cost
- Confusion over intent of clinical trial recruitment vs. vaccine release
- Vaccine mandates and effect on uptake
- Definitions of “frontline” or “essential” workers
- Distinguishing between what people are hearing vs. believing
(especially on social media)

A Few Key Takeaways and Next Steps

- Recruitment in clinical trials should continue to emphasize diversity goal **not** singling out specific racial groups
- Survey questions about vaccine intentions should account for intentions right away vs. some time after release
- Important to inform people about the vaccine development and testing process, procedures for ensuring safety and efficacy
- Assure Americans about post-vaccine monitoring for side effects, consequences
- By and large CDC is a trusted source of information

Thank you
Cynthia Jorgensen: cxj4@cdc.gov
Allison Fisher: ark2@cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
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Hi Carol,

It looks like Payton has an urgent Policy meeting during our time today and I don't have any updates to share either (beyond the email I sent you last night on Learning Units, which we can discuss at any time over email or at our next meeting if you need more time).

Would you like the time back today and we can cover any questions you have async?

Thanks,
Priya

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Todd O'Boyle
Subject: RE: Request for problem accounts
Date: Friday, April 9, 2021 2:14:00 PM

Yes, we'll get that to you early next week. Thanks for checking in.

From: Todd O'Boyle <toboyle@twitter.com>
Sent: Thursday, April 8, 2021 8:28 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Subject: Request for problem accounts

Hi Carol -

I'm looking forward to setting up regular chats; my team has asked for examples of problematic content so we can examine trends. All examples of misinformation are helpful, but in particular, if you have any examples of fraud - such as fraudulent covid cures, fraudulent vaccine cards, etc, that would be very helpful.

Thanks in advance,
TO

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Lee (Hadlow) Halloran; Peter Murphy; Jono Sadeghi; Stanley Onyimba
Cc: Garth Graham; Jan Antonaros
Subject: RE: Sharing a recent COVID update from CDC
Date: Tuesday, December 1, 2020 8:15:00 AM

Great, thanks!

From: Lee (Hadlow) Halloran <lhadlow@google.com>
Sent: Monday, November 30, 2020 12:29 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>; Peter Murphy <petermurphy@google.com>; Jono Sadeghi <jsadeghi@google.com>; Stanley Onyimba <sonyimba@google.com>
Cc: Garth Graham <garthgraham@google.com>; Jan Antonaros <jantonaros@google.com>
Subject: Re: Sharing a recent COVID update from CDC

+ Peter and Jono from the YT COVID Promo Support Team

Carol,

Jono will take the lead in ensuring we have all the necessary assets to help promote the latest Expert Q&A video.

Please keep us posted on any new videos from the CDC and thank you!

Lee

On Fri, Nov 20, 2020 at 3:40 PM Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov> wrote:

Lee/Garth - Just letting you know we just posted this new video if there is any interest in sharing it further on YouTube's end. Trying to get the science out there!

<https://www.youtube.com/watch?v=Jr2DbSqcM7I>

Also, when we had the meeting with you and Garth, you all mentioned a 1 pager on expanding our work on YouTube but I never received it – is there more to share? Just checking.

Lastly, thank you so much for all the assistance on the college influencers. We appreciate the special help you are providing us as we navigate this new territory.

Thanks.

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Payton Iheme; Carrie Adams
Subject: RE: Thursday's meeting - Ask for phone and texting related to vaccines.gov
Date: Tuesday, May 18, 2021 8:11:00 AM

Carrie – I just wanted to check to see if there had been any reconsideration of including this information on the information panel, etc. I know you guys were not planning on it per our conversation on Thursday but you mentioned you'd double check given the information I provided on the call.

Thanks.

From: Payton Iheme <payton@fb.com>
Sent: Tuesday, May 11, 2021 11:45 AM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>; Carrie Adams <carrieadams@fb.com>
Subject: Re: Thursday's meeting - Ask for phone and texting related to vaccines.gov

Apologies.

Just saw the heading... :)

Thursday it is!

Best,

Payton

From: Payton Iheme <payton@fb.com>
Date: Tuesday, May 11, 2021 at 11:32 AM
To: Carol Crawford <cjy1@cdc.gov>, Carrie Adams <carrieadams@fb.com>
Subject: Re: Thursday's meeting - Ask for phone and texting related to vaccines.gov

Thanks Carol.

Helpful.

Do you want to discuss Thursday during our sync or set up a different call sooner?

Best,

Payton

From: Carol Crawford <cjy1@cdc.gov>
Date: Tuesday, May 11, 2021 at 11:30 AM
To: Payton Iheme <payton@fb.com>, Carrie Adams <carrieadams@fb.com>
Subject: Thursday's meeting - Ask for phone and texting related to vaccines.gov

Payton – I was hoping to discuss how Facebook/Instagram/Etc. could help WH/HHS/CDC to promote the other ways to access the vaccinefinder (vaccines.gov) call and text numbers? WH/HHS asked me to reach out on their behalf for all of us.

Thanks!

Text your **zip code** to

Call

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Meredith Lightstone; Todd O'Boyle
Cc: Megan Dorward; Dempsey, Jay H. (CDC/OD/OADC); Reggie McCrimmon
Subject: RE: Vaccine Misinformation
Date: Tuesday, March 23, 2021 12:11:00 PM

Hi Todd & Reggie – I wanted to check back in to see if this was possible?

From: Meredith Lightstone <milightstone@twitter.com>
Sent: Friday, March 19, 2021 2:22 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>; Todd O'Boyle <toboyle@twitter.com>
Cc: Megan Dorward <mdorward@twitter.com>; Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>; Reggie McCrimmon <rmccrimmon@twitter.com>
Subject: Re: Vaccine Misinformation

Hi Carol! I am adding in Todd and Reggie from our Public Policy team who will coordinate next steps.

Many thanks,
Meredith

On Thu, Mar 18, 2021 at 9:12 PM Meredith Lightstone <milightstone@twitter.com> wrote:

Hi Carol and Jay, this sounds great! I will chat with our internal teams about next steps and will follow up.

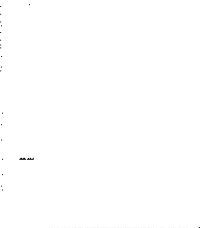
On Thu, Mar 18, 2021 at 8:34 PM Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov> wrote:


Megan/Meredith – We are working on project with Census to leverage their infrastructure to identify and monitor social media for vaccine misinformation. We would like the opportunity to work with your trust team on a regular basis to discuss what we are seeing. I understand that you did this with Census last year as well. Are you all interested in scheduling something to kick it off and discuss next steps? I'm happy to discuss further as well.

Thank you!



Carol Y. Crawford
Chief, Digital Media Branch
Division of Public Affairs
Office of the Associate Director for Communication
Centers for Disease Control and Prevention
404-498-2480
ccrawford@cdc.gov


Cell: (b)(6)






Meredith Lightstone | Government & Causes
Twitter DC Office Ambassador
she/her | [@merelights](#)





Meredith Lightstone | Government & Causes
Twitter DC Office Ambassador
she/her | [@merelights](#)



From: Crawford, Carol Y. (CDC/OD/OADC)
To: Todd O'Boyle
Cc: Meredith Lightstone; Megan Dorward; Dempsey, Jay H. (CDC/OD/OADC); Reggie McCrimmon
Subject: RE: Vaccine Misinformation
Date: Tuesday, March 23, 2021 1:03:00 PM

I understand. We have a standing meeting between 12-1 EST on Wed, would a window there work for you?

Thanks.

From: Todd O'Boyle <toboyle@twitter.com>
Sent: Tuesday, March 23, 2021 12:28 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Cc: Meredith Lightstone <milightstone@twitter.com>; Megan Dorward <mdorward@twitter.com>; Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>; Reggie McCrimmon <rmccrimmon@twitter.com>
Subject: Re: Vaccine Misinformation

Hi Carol -

Thanks so much for getting in touch. We'd be glad to schedule a check in. With our CEO testifying before Congress this week is tricky - how does next Tuesday or Wednesday look for you?

On Tue, Mar 23, 2021 at 12:11 PM Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov> wrote:

Hi Todd & Reggie – I wanted to check back in to see if this was possible?

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Subject: Re: Vaccine Misinformation

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On Thu, Mar 18, 2021 at 8:34 PM Crawford, Carol Y. (CDC/OD/OADC) <cjv1@cdc.gov> wrote:

Megan/Meredith – We are working on project with Census to leverage their infrastructure to identify and monitor social media for vaccine misinformation. We would like the opportunity to work with your trust team on a regular basis to discuss what we are seeing. I understand that you did this with Census last year as well. Are you all interested in scheduling something to kick it off and discuss next steps? I'm happy to discuss further as well.

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Carol Y. Crawford
Chief, Digital Media Branch
Division of Public Affairs
Office of the Associate Director for Communication
Centers for Disease Control and Prevention
404-498-2480
ccrawford@cdc.gov

Cell: (b)(6)



Meredith Lightstone | Government & Causes
Twitter DC Office Ambassador
she/her | [@merelights](https://twitter.com/merelights)



Meredith Lightstone | Government & Causes
Twitter DC Office Ambassador
she/her | [@merelights](https://twitter.com/merelights)



From: Crawford, Carol Y. (CDC/OD/OADC)
To: Genelle Adrien; Payton Itheme; Chelsey Lepage; Eva Guidarini
Cc: Dempsey, Jay H. (CDC/OD/OADC)
Subject: RE: WY issue
Date: Wednesday, April 28, 2021 7:02:00 PM

Wonderful, if Eva wants to connect directly that would be great. There is not a e-mail chain directly that I can loop you into though. This was received via a meeting.

Holly Scheer
Community Partnership Coordinator
holly.scheer@wyo.gov

From: Genelle Adrien <genelleadrien@fb.com>
Sent: Wednesday, April 28, 2021 6:37 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>; Payton Itheme <payton@fb.com>; Chelsey Lepage <chelseylepage@fb.com>; Eva Guidarini <eguidarini@fb.com>
Cc: Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>
Subject: Re: WY issue

Hi Carol—Thanks for flagging this to us. I am looping in my colleague Eva who leads our State team outreach. She can provide additional guidance here or connect with the Wyoming Dept. of Health team directly if you'd like to loop her in.

Thank you!
Genelle

From: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Date: Wednesday, April 28, 2021 at 6:25 PM
To: Payton Itheme <payton@fb.com>, Chelsey Lepage <chelseylepage@fb.com>, Genelle Adrien <genelleadrien@fb.com>
Cc: Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>
Subject: RE: WY issue

Anything you all can do to help on this?

From: Crawford, Carol Y. (CDC/OD/OADC)
Sent: Friday, April 23, 2021 1:46 PM
To: Payton Itheme <payton@fb.com>; Chelsey Lepage <chelseylepage@fb.com>
Cc: Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>
Subject: WY issue

The Wyoming Dept. of Health mentioned to one of our groups that the algorithms that Facebook and other social media networks are apparently using to screen out postings by sources of vaccine misinformation are also apparently screening out valid public health messaging, including WY Health

communications. They were looking for advice about how to work with social media networks to ensure that verifiable information sources are not blocked.

Do you have someone that could perhaps talk to the state about this?

From: [Payton Iheme](#)
To: [Taylor, Dia \(CDC/OCOO/HRO\)](#)
Cc: [Yassanye, Diana \(CDC/OD/OCS\)](#); [Parikh, Sapana \(CDC/OD/OCS\)](#); [Ford, Kenya S. \(CDC/OCOO/OGC\)](#); [Sadie Pulliam; Crawford, Carol Y. \(CDC/OD/OADC\)](#); [Stevens, Melody \(CDC/DDNID/NCBDDD/OD\)](#); [CDC IMS 2019 NCOV Response Policy Partnerships](#)
Subject: Re: Acceptance of In-Kind Services
Date: Thursday, April 8, 2021 10:51:23 AM
Attachments: [CDC-15 Mil Ad Credit April 2021.pdf](#)

Good morning Dia and team.

Thank you for providing this document and your quick response.

I have provided a signed copy for your files.

Best,

Payton

FACEBOOK

Payton Iheme
U.S. Public Policy
[Facebook](#)

From: "Taylor, Dia (CDC/OCOO/HRO)" <dcM4@cdc.gov>
Date: Monday, April 5, 2021 at 10:46 AM
To: Payton Iheme <payton@fb.com>
Cc: "Yassanye, Diana (CDC/OD/OCS)" <iqe4@cdc.gov>, "Parikh, Sapana (CDC/OD/OCS)" <euH8@cdc.gov>, "Ford, Kenya S. (CDC/OCOO/OGC)" <kdf6@cdc.gov>, Carol Crawford <cjy1@cdc.gov>, "Stevens, Melody (CDC/DDNID/NCBDDD/OD)" <sme1@cdc.gov>, CDC IMS 2019 NCOV Response Policy Partnerships <eocevent337@cdc.gov>
Subject: Acceptance of In-Kind Services

On behalf of the Centers for Disease Control and Prevention (CDC) and by the authority delegated to me through Section 231 of the Public Health Service Act (42 U.S.C. Section 238), as amended, thank you for Facebook's non-monetary gift of Facebook ad credits, with an estimated value of \$15,000,000. Please see the attached letter regarding this gift.

Dia Taylor, MBA
Acting Chief Operating Officer



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30329-4027

April 1, 2021

Nkechi Payton Iheme
U.S. Public Policy
Facebook
Washington, D.C.

Dear Payton,

On behalf of the Centers for Disease Control and Prevention (CDC) and by the authority delegated to me through Section 231 of the Public Health Service Act (42 U.S.C. Section 238), as amended, thank you for Facebook's non-monetary gift of Facebook ad credits, with an estimated value of \$15,000,000. This gift will be used by CDC's COVID-19 response to support the agency's messages on Facebook, and extend the reach of COVID-19-related Facebook content, including messages on vaccines, social distancing, travel, and other priority communication messages.

Publicity and Endorsements: As part of this gift, Facebook will not use the name of the Department of Health and Human Services (HHS), or any component agencies including CDC, except in factual publicity. Factual publicity includes dates, times, locations, purposes, agendas and fees involved with partner activities. Such factual publicity shall not imply that the involvement of HHS or CDC serves as an endorsement of the general policies, activities, or products of Facebook; where confusion could result, publicity should be accompanied by a disclaimer to the effect that no endorsement is intended. Facebook will clear all publicity materials for this gift with HHS and CDC to ensure compliance with this paragraph. By signing and returning a copy of this letter where indicated below, Facebook acknowledges acceptance of this condition.*

Please return this signed letter to the CDC Incident Management System Policy Unit Partnerships and Risk Management Team at eocevent337@cdc.gov.

Support from organizations such as yours makes it possible for CDC to work toward understanding and preventing disease. We deeply appreciate your help.

Thank you,

Dia Taylor, MBA
Acting Chief Operating Officer

*Publicity and Endorsements acknowledgement: By: *Nkechi Payton Iheme* Date: April 1st 2021

CC: OD, OGC, OADC, IMS Policy

Cc: Genelle Adrien <genelleadrien@fb.com>
Subject: RE: CV19 misinfo reporting channel

Ok, I'll send the appt and get a zoom. Then you can add on your folks.

From: Carrie Adams <carrieadams@fb.com>
Sent: Wednesday, May 12, 2021 11:06 AM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjv1@cdc.gov>; Payton IHEME <payton@fb.com>
Cc: Genelle Adrien <genelleadrien@fb.com>
Subject: Re: CV19 misinfo reporting channel

Apologies for the bumpy transition with Genelle out – do you all have a zoomgov requirement? And if so, would you hold the calendar invite for this? Or does Census?

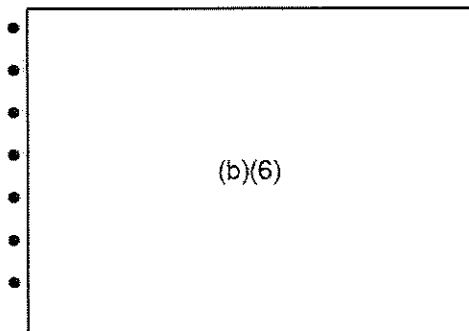
From: Carrie Adams <carrieadams@fb.com>
Date: Wednesday, May 12, 2021 at 10:51 AM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjv1@cdc.gov>, Payton IHEME <payton@fb.com>
Cc: Genelle Adrien <genelleadrien@fb.com>
Subject: Re: CV19 misinfo reporting channel

Great! Thank you!

From: Crawford, Carol Y. (CDC/OD/OADC) <cjv1@cdc.gov>
Date: Wednesday, May 12, 2021 at 10:50 AM
To: Carrie Adams <carrieadams@fb.com>, Payton IHEME <payton@fb.com>
Cc: Genelle Adrien <genelleadrien@fb.com>
Subject: RE: CV19 misinfo reporting channel

Sorry, didn't realize you were awaiting a respond to your explanation. That time still works. Thanks!

But re-looking at this list, please only include these people as we've had change over since we started the chain:



From: Carrie Adams <carrieadams@fb.com>

Sent: Wednesday, May 12, 2021 10:19 AM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjv1@cdc.gov>; Payton IHEME <payton@fb.com>
Cc: Genelle Adrien <genelleadrien@fb.com>
Subject: Re: CV19 misinfo reporting channel

Bumping this calendar thread

From: Carrie Adams <carrieadams@fb.com>
Date: Monday, May 10, 2021 at 4:51 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjv1@cdc.gov>, Payton IHEME <payton@fb.com>
Cc: Genelle Adrien <genelleadrien@fb.com>
Subject: Re: CV19 misinfo reporting channel

This would be for onboarding your teams to the misinfo casework / reporting channel

From: Crawford, Carol Y. (CDC/OD/OADC) <cjv1@cdc.gov>
Date: Monday, May 10, 2021 at 4:04 PM
To: Carrie Adams <carrieadams@fb.com>, Payton IHEME <payton@fb.com>
Cc: Genelle Adrien <genelleadrien@fb.com>
Subject: RE: CV19 misinfo reporting channel

Time is good. I did ask Genelle this embarrassing question. I had it in my head this was for Crowd Tangle. But on Thursday she explained it is for something else. Well, I didn't write it down and I'm honestly not sure what this is for. Sorry!

From: Carrie Adams <carrieadams@fb.com>
Sent: Monday, May 10, 2021 4:01 PM
To: Payton IHEME <payton@fb.com>; Crawford, Carol Y. (CDC/OD/OADC) <cjv1@cdc.gov>
Cc: Genelle Adrien <genelleadrien@fb.com>
Subject: Re: CV19 misinfo reporting channel

Thanks, Payton.
So nice to meet you, Carol.

Looks like Wednesday the 19th 12-1pm option works best for our folks.
Does that option still work for your side?

CA

From: Payton IHEME <payton@fb.com>
Date: Monday, May 10, 2021 at 3:28 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjv1@cdc.gov>, Carrie Adams <carrieadams@fb.com>

Cc: Genelle Adrien <genelleadrien@fb.com>

Subject: Re: CV19 misinfo reporting channel

Hi Carol,

Genelle just went (b)(6) We are very excited for her and (b)(6)
As such, we didn't want you to be surprised that Carrie will pick up on the threads where Genelle was leading starting today.

That will include this one with scheduling training for the government case work project.

Best,

Payton

From: Carol Crawford <civ1@cdc.gov>

Date: Monday, May 10, 2021 at 12:25 PM

To: Genelle Adrien <genelleadrien@fb.com>

Cc: Payton Itheme <payton@fb.com>, Carrie Adams <carrieadams@fb.com>

Subject: RE: CV19 misinfo reporting channel

I'm so sorry – I'm out all day May 17 for (b)(6) can we pick another one? My fault!

From: Genelle Adrien <genelleadrien@fb.com>

Sent: Friday, May 7, 2021 11:27 AM

To: Crawford, Carol Y. (CDC/OD/OADC) <civ1@cdc.gov>

Cc: Payton Itheme <payton@fb.com>; Carrie Adams <carrieadams@fb.com>

Subject: Re: CV19 misinfo reporting channel

Hi Carol – Following up from our meeting yesterday. It looks like Monday, May 17th at 12:00pm will work for onboarding meeting. The overlaps with your standing Census meeting you mentioned. We will plan to invite the email addresses below (those being onboarded).

Please let me know if any flags on your end.

Best,

Genelle



Genelle Quarles Adrien

Politics & Government Outreach

e: genelleadrien@fb.com | w: [facebook.com/gpa](https://www.facebook.com/gpa)

From: Crawford, Carol Y. (CDC/OD/OADC) <civ1@cdc.gov>

Date: Tuesday, April 27, 2021 at 11:21 AM

To: Genelle Adrien <genelleadrien@fb.com>
Cc: Payton Iheme <payton@fb.com>, Carrie Adams <carrieadams@fb.com>
Subject: RE: CV19 misinfo reporting channel

Ugh, so sorry I missed this. It looks correct but I think so might have access already, but not sure.

From: Genelle Adrien <genelleadrien@fb.com>
Sent: Tuesday, April 27, 2021 11:05 AM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Cc: Payton Iheme <payton@fb.com>; Carrie Adams <carrieadams@fb.com>
Subject: Re: CV19 misinfo reporting channel

Hi Carol – Hope the week is off to a good start. I wanted to bump this and see if you had any edits/additions to the onboarding list below.

Let us know if you have any questions.

Best,
Genelle

From: Genelle Adrien <genelleadrien@fb.com>
Date: Tuesday, April 13, 2021 at 3:50 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Cc: Payton Iheme <payton@fb.com>, Chelsey Lepage <chelseylepage@fb.com>
Subject: CV19 misinfo reporting channel

Hi Carol – Hope the week is off to a good start. We're working to get our COVID-19 misinfo channel up for CDC and Census colleagues. Could you kindly confirm if the below emails are correct for onboarding to the reporting channel and if there are others you'd like to include?

Please let me know if you have any questions.

Thank you!
Genelle

(b)(6)

- [Redacted]
- [Redacted]



Genelle Quarles Adrien

Politics & Government Outreach

e: genelleadrien@fb.com | w: facebook.com/gpa

From: [Stanley Onyimba](#)
To: [Crawford, Carol Y. \(CDC/OD/OADC\)](#)
Cc: [Jan Antonaros](#)
Subject: Re: Agenda for today?
Date: Thursday, March 18, 2021 8:51:39 PM
Attachments: [image001.png](#)
[image001.png](#)

Thanks, Carol!

On Thu, Mar 18, 2021, 5:31 PM Crawford, Carol Y. (CDC/OD/OADC) <cjyl@cdc.gov> wrote:

There is an update in progress on this but think it might not be live until Monday. I'll keep you posted.

From: Stanley Onyimba <sonyimba@google.com>
Sent: Wednesday, March 17, 2021 11:55 AM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjyl@cdc.gov>
Cc: Jan Antonaros <jantonaros@google.com>
Subject: Re: Agenda for today?

Hi Carol,

Thanks again for your time yesterday. Resharing the question on covid-19 treatments here:

Are there plans to update the CDC [treatments](#) page (screenshot below) in light of the new NIH recommendation on [Bamlanivimab plus Etesevimab](#)?



COVID-19



MENU >

consider using one of the products under an EUA.

Treatment Outside of the Hospital

If you receive a positive test result for COVID-19 and are more likely to get very sick from COVID-19, your healthcare provider may recommend that you receive treatment.

- **For people at high risk of disease progression.** The FDA has issued EUAs for two investigational monoclonal antibodies that can attach to parts of the virus. These antibodies could help the immune system recognize and respond more effectively to the virus.

• Bamlanivimab [7] and casirivimab plus imdevimab [7] are available under FDA EUAs for patients at high risk of disease progression and severe illness. Preliminary data suggest that some outpatients may benefit from receiving anti-SARS-CoV-2 monoclonal antibodies early in the course of infection. The NIH COVID-19 Treatment Guidelines [7] find that, to date, there are insufficient data from clinical trials to recommend for or against these treatments and these treatments should not be considered standard of care.

Specifically, we noticed that the NIH updated its guidelines recently to recommend MAbs for outpatients. On the Anti-SARS-CoV-2 monoclonal antibodies page, they indicate they are planning to update this section.

Thanks,

Stanley

On Tue, Mar 16, 2021 at 10:44 AM Crawford, Carol Y. (CDC/OD/OADC) <cjyl@cdc.gov> wrote:

Ah Ok, glad your on it the attendees.

From: Stanley Onyimba <sonyimba@google.com>
Sent: Tuesday, March 16, 2021 1:43 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjyl@cdc.gov>
Cc: Jan Antonaros <jantonaros@google.com>
Subject: Re: Agenda for today?

Yes, Rosie is perfect and Nicole from the screener team confirmed that she will attend so we're all set. Thank you!

On Tue, Mar 16, 2021 at 10:40 AM Crawford, Carol Y. (CDC/OD/OADC) <cjyl@cdc.gov> wrote:

I doubt I can get someone from the screener team to join at this late time...but Rosie, who will attend, probably knows status of the pages in general – is that what you need?

From: Stanley Onyimba <sonyimba@google.com>
Sent: Tuesday, March 16, 2021 1:38 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjyl@cdc.gov>

Cc: Jan Antonaros <jantonaros@google.com>
Subject: Re: Agenda for today?

Hi Carol,

It would be great if we could have a vaccine expert on the call as we'd like to discuss the vaccine screener and some webpages that the CDC screener team will be following as they develop the tool:

[CDC COVID-19 vaccine webpages](#)

[When You've Been Fully Vaccinated | CDC](#)

[Different COVID-19 Vaccines | CDC](#)

[Understanding How COVID-19 Vaccines Work | CDC](#)

[Information about the Pfizer-BioNTech COVID-19 Vaccine | CDC](#)

[Information about the Moderna COVID-19 Vaccine | CDC](#)

[Information About Johnson & Johnson's Janssen COVID-19 Vaccine | CDC](#)

[Understanding mRNA COVID-19 Vaccines | CDC](#)

[Understanding Viral Vector COVID-19 Vaccines | CDC](#)

I've also included Nicole Maddox from the CDC self checker team to join.

Thanks,

Stanley

On Tue, Mar 16, 2021 at 10:17 AM Crawford, Carol Y. (CDC/OD/OADC) <cjyl@cdc.gov> wrote:

Who do we need on the call? I know your talking to Fred earlier today about the API. Not sure what else we may need to talk about. I can have a vaccine expert on if needed.

--
Stanley Onyimba | Global Product Partnerships | sonyimba@google.com

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Stanley Onyimba | Global Product Partnerships | sonyimba@google.com

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Stanley Onyimba | Global Product Partnerships | sonyimba@google.com

From: [Stanley Onyimba](#)
To: [Crawford, Carol Y. \(CDC/OD/OADC\)](#)
Cc: [Jan Antonaros](#); [Kolts, Jessica \(CDC/DDPHSIS/CGH/GID\)](#)
Subject: Re: CDC COVID-19 State of Vaccine Confidence Insights Report
Date: Wednesday, March 31, 2021 5:13:53 PM

Thanks, Carol!

On Tue, Mar 30, 2021 at 2:26 PM Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov> wrote:

Jessica Kolts who was on our call today pointed out that this confidence report may also be of interest to Google/YouTube, so passing it on. I have copied Jessica if you have any questions.

Thanks for the meeting today!

--

Stanley Onyimba | Global Product Partnerships | sonyimba@google.com

From: [Payton IHEME](#)
To: [Crawford, Carol Y. \(CDC/OD/OADC\)](#); [Dempsey, Jay H. \(CDC/OD/OADC\)](#); [Layton, Kathleen \(CDC/OD/OADC\)](#); [Genelle Adrien](#); [Chelsey LePage](#); [Julia Eisman](#); [Airton Tatoug Kamdem](#); [Kate Thornton](#); [Rachel Lieber](#)
Subject: Re: CDC Facebook Ad Credit Offer letter
Date: Sunday, February 21, 2021 8:58:51 PM

Sounds good Carol.

We will stand by.

Best,

Payton

[Get Outlook for iOS](#)

From: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Sent: Sunday, February 21, 2021 8:57:00 PM
To: Payton IHEME <payton@fb.com>; Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>; Layton, Kathleen (CDC/OD/OADC) <KYU6@cdc.gov>; Genelle Adrien <genelleadrien@fb.com>; Chelsey LePage <chelseylepage@fb.com>; Julia Eisman <juliaeisman@fb.com>; Airton Tatoug Kamdem <airtonkamdem@fb.com>; Kate Thornton <kthornton@fb.com>; Rachel Lieber <carlsonlieber@fb.com>
Subject: RE: CDC Facebook Ad Credit Offer letter

Thank you for this amazing offer. We'll work with our policy staff on next steps.

From: Payton IHEME <payton@fb.com>
Sent: Sunday, February 21, 2021 5:43 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>; Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>; Layton, Kathleen (CDC/OD/OADC) <KYU6@cdc.gov>; Genelle Adrien <genelleadrien@fb.com>; Chelsey LePage <chelseylepage@fb.com>; Julia Eisman <juliaeisman@fb.com>; Airton Tatoug Kamdem <airtonkamdem@fb.com>; Kate Thornton <kthornton@fb.com>; Rachel Lieber <carlsonlieber@fb.com>
Subject: CDC Facebook Ad Credit Offer letter

Dear Carol and the CDC team,

Facebook is pleased to offer additional ad coupons and strategic marketing support services to the Centers for Disease Control ("CDC"), in order to aid in your campaign to fight the spread of COVID19 (collectively, the "Support"). This letter outlines in detail the scope and value of this Support, but if you have any questions please contact **Payton IHEME** at payton@fb.com or **Julia Eisman** at juliaeisman@fb.com.

By utilizing this Support, you (CDC) confirm that you are in compliance with all rules and regulations applicable to your entity or organization governing the acceptance of things of value and that you have the authority to receive this Support from Facebook. You also acknowledge that this Support may only be used to communicate content related to the current COVID-19 crisis in your jurisdiction of remit. This Support can only be used for public health campaign content specific to the current COVID-19 crisis, COVID-19 vaccine information, and/or vaccine confidence (e.g., content about how vaccines work). Please provide written confirmation that you have authority to accept the Support.

This Support shall only be used by you in support of your efforts and in accordance with applicable laws and shall not be used in any way, directly or indirectly, to facilitate any act that would constitute bribery or an illegal kickback, an illegal campaign contribution, or would otherwise violate any applicable anti-corruption or political activities law. This Support may not be used to support lobbying activities without Facebook's prior written approval. Further, this Support may not be used to make any contribution or expenditure, or for any other political purpose, regulated by campaign finance, government ethics, or analogous laws that apply to political activities.

For the sake of clarity, Facebook does not request anything in return in connection to this Support. Acceptance of this Support confirms that the Support, your relationship with Facebook, and how you were selected for this Support has been disclosed to you. You should not accept this Support if it would interfere with your official duties and you must not perform any official action to improperly benefit Facebook.

This Support should only be accepted if it complies with applicable regulations, policies, and rules of the CDC; and applicable laws, regulations, rules, judgments, and orders of any court or governmental authority; and does not conflict with any other obligation you may have to any other party. Please promptly inform Facebook of any circumstances that would make acceptance, retention, or use of the Support inappropriate.

This Support is further subject to the following conditions:

- This Support cannot be used for the promotion of political messaging or advancement of any political purpose
- This Support cannot be used to advocate for any changes to legislation or government policy
- This Support cannot be used for the promotion of third party products and services
- This Support can only be used to target users within your jurisdiction
- Any ads that feature or mention a government official should be flagged to Julia Eisman and will require additional review and written approval by FB before they can be used with this Support.

You may not use Facebook's logos or trademarks without Facebook's prior written approval. All requests for use of the Facebook name or trademark must be submitted via the online form available at www.facebookbrand.com/requests. All Support provided by Facebook hereunder are provided "as is" and on an "as available" basis without warranties of any kind, either express or implied. Facebook disclaims all warranties, statutory, express or implied, including, but not limited to, implied warranties of merchantability, fitness for a particular purpose, and non-infringement of proprietary rights.

Your Ad Credit Coupon Details

Ad Credit Value: \$15,000,000 USD

Expiration Dates: FB will issue these ad credits in ad coupons with values of \$5,000,000 USD (or less, if so requested). The expiration date of each coupon will be communicated with each coupon transmission.

Please note that your ad credit coupon can be redeemed in the United States and cannot be used to send cross-border messages outside that jurisdiction. The ad credit coupon shall only be used and redeemed by the CDC in support of public health campaigns related to COVID-19. Any other use or transfer is strictly prohibited. Once we provide your coupon code, please safeguard it like cash.

Please note that this donation letter must be read in conjunction with the Facebook Ads Credit Coupon Terms & Conditions, available at <https://www.facebook.com/legal/couponterms>. Ads will be subject to additional pre-review that is required for ads about social issues, politics, or elections (and may require a paid-for-by disclaimer that discloses Facebook's ad credit support); this pre-review is required for any ads that are paid for with the ad coupon.

What Are Ad Credit Coupons?

Ad credit coupons are a form of payment for Facebook ads. They can be redeemed for advertising on Facebook and/or Instagram depending on the type of ad credit coupon that has been issued to you. Ad charges will be deducted from the ad credit coupon first, then you will be charged through your preferred means of payment once the ad credit coupon has been redeemed or has expired. Ad credit coupons cannot be used against account balances that have already been invoiced.

Terms & Conditions

Use of ad credit coupons is subject to the terms in this email and to the Facebook Ads Credit Coupon Terms & Conditions, which are available here: <https://www.facebook.com/legal/couponterms>. Please check the Facebook Ads Credit Coupon Terms & Conditions for further details.

By redeeming this ad credit coupon, you are agreeing to the terms in this letter and the Facebook Ads Credit Coupon Terms & Conditions. If you do not agree to these terms, you must not use this ad credit coupon.

Facebook Marketing Partner Strategic Services

To support your COVID-19 advertising campaigns, Facebook is providing strategic marketing assistance via an expert 3rd party (each a "Facebook Marketing Partner" or "FMP"). Facebook works closely with an ecosystem of FMPs who maintain a deep understanding of our tools and platforms and can provide direct expertise and support to organizations, small and large businesses, and Governments around the world. As part of our efforts to support Government and NGO partners during COVID-19 with technical solutions and integrations, as well as

advertising campaigns, Facebook is offering direct access to certain FMP support in each region as further detailed below. This support will help ensure you can scale your marketing efforts and deliver critical COVID-19 related information to people in your country.

Facebook Marketing Partner COVID-19 Support Program

Facebook Marketing Partner: [TBD]

Value of support: \$15,000 USD

Scope of support: The Facebook Marketing Partner will provide your organization with between 35-45 hours of COVID-19 advertising and creative campaign management.

On behalf of the team,

Payton

FACEBOOK

Payton Iheme
U.S. Public Policy
[Facebook](#)

From: [Payton Iheme](#)
To: [Crawford, Carol Y. \(CDC/OD/OADC\)](#); [Jorgensen, Cynthia \(CDC/DDID/NCIRD/OD\)](#); [Singleton, James \(CDC/DDID/NCIRD/ISD\)](#)
Cc: [Katherine Morris](#); [Genelle Adrien](#); [Kate Thornton](#); [Julia Eisman](#)
Subject: Re: CMU/Facebook Survey Findings: Jan 10 - Feb 27
Date: Monday, March 15, 2021 1:28:23 PM
Attachments: [CMU Topline Vaccine Report 20210312.pdf](#)

Also, Katherine M./team and our regular team would like to set up a meeting to discuss the findings and receive your feedback. Would you let us know a few day/times this would work for you this week?

Best,

Payton

From: Payton Iheme <payton@fb.com>
Date: Monday, March 15, 2021 at 1:16 PM
To: Carol Crawford <cjy1@cdc.gov>, "Jorgensen, Cynthia (CDC/DDID/NCIRD/OD)" <cjy4@cdc.gov>, "Singleton, James (CDC/DDID/NCIRD/ISD)" <xzs8@cdc.gov>
Cc: Katherine Morris <katherinemorris@fb.com>, Genelle Adrien <genelleadrien@fb.com>, Kate Thornton <kthornton@fb.com>, Julia Eisman <juliaeisman@fb.com>
Subject: CMU/Facebook Survey Findings: Jan 10 - Feb 27

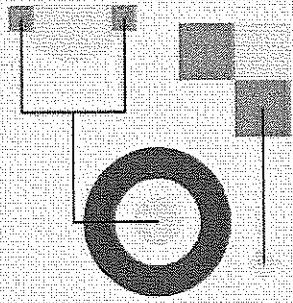
Hello CDC team,

As we discussed, following up on our commitment to share our survey data on vaccine uptake. We are sharing these findings regularly moving forward to help inform your teams and strategies. Attached are our findings from January 10 -- February 27, 2021. Today, the report will be available online.

Note that highlights of the findings are up top, a robust executive summary follows, and then a deep dive into the methodology, greater detail on state trends, occupations, barriers to acceptance. etc. Hopefully, this format works for the various teams and audiences within CDC that may find this data valuable. We're also open to feedback on the formatting.

Please let us know if you have specific questions about the findings or the survey itself, we're happy to track down answers or book time.

Best,



COVID-19 Symptom Survey

Topline Report on COVID-19 Vaccination in the United States

SURVEY WAVES 6-8
JANUARY 10-FEBRUARY 27, 2021

The Delphi Group at Carnegie Mellon University
in partnership with Facebook

RELEASED ON MARCH 12, 2021

Highlights

This report presents responses collected between January 10 and February 27, 2021 from more than 1.9 million Americans. Since December 2020, the COVID-19 Symptom Survey conducted by the Delphi Group at Carnegie Mellon University and Facebook has included COVID-19 vaccination behaviors and attitudes.

1. **The proportion of adults who are either vaccinated or are willing to get vaccinated increased by 5 percentage points during this time period, from 72% to 77%, but we still need to combat vaccine hesitancy.** The proportion of vaccine-hesitant adults has remained relatively unchanged at approximately 23%, and the increase in the population who have been vaccinated or are willing to get vaccinated is driven in large part due to an increase in the willingness to report on vaccination behaviors and attitudes.
2. **Vaccine hesitancy may be improved by addressing concerns about side effects from a COVID-19 vaccine.** Among vaccine-hesitant adults, the percentage of individuals who are concerned about experiencing a side effect is high and has remained stable over time.
3. **Disparities in vaccination rates across population groups may be addressed by mitigating concerns about side effects.** Concern about side effects is consistently higher among females, Black adults, and those with an eligible health condition.
4. **Vaccine-related messaging through local healthcare professionals is a promising channel for combatting vaccine hesitancy.** The percentage of vaccine-hesitant adults who say they are more likely to get vaccinated if the recommendation comes from local healthcare workers is higher than from other information sources. Additionally, trust in local healthcare workers among vaccine-hesitant adults has increased significantly over the last four weeks while trust in other information sources has remained unchanged or even decreased.
5. **State-specific approaches to messaging against vaccine hesitancy may be valuable.** There are substantial differences in vaccination rates and vaccine hesitancy across states. For example, both Florida and Wisconsin have higher vaccine hesitancy compared to the national average. However, the potential to counter vaccine hesitancy using messaging about side effects is larger in Florida, because concern about a side effect among vaccine-hesitant adults is much higher.

Executive Summary

I INTRODUCTION

The COVID-19 Symptom Survey is the largest ongoing COVID-19 data collection effort in the United States, with over 50,000 responses collected daily and over 18 million total responses collected since its launch in April 2020. Currently, the survey tracks daily trends on vaccination, symptoms, testing, mask-wearing, social distancing, mental health, and more at national, state, and county levels. Facebook users in the United States are invited daily to take a survey collected by the Delphi Group at Carnegie Mellon University but the surveys are collected off the Facebook platform and the Facebook company does not collect or receive survey responses. See Appendix A. Overview and Methods for detailed survey methodology.

This report presents data collected from January 10 to February 27, 2021 from more than 1.9 million Americans. We highlight below national- and state-level trends on self-reported vaccinations (hereafter "uptake") and vaccine-related attitudes by key population groups to inform potential ways to combat vaccine hesitancy in the United States.

The survey recently incorporated questions on barriers to vaccination acceptance, and future waves of the survey will include questions on vaccine availability. The next version of the report will therefore further highlight potential opportunities for improving vaccination rates and vaccine hesitancy by examining comprehensive reasons for not wanting to or not being able to receive a vaccination. Future reports will also provide breakdowns for additional occupational groups.

II GENERAL POPULATION

As expected, the proportion of adults who are either vaccinated or are willing to get vaccinated has increased during this time period. In particular, self-reported vaccination rates among Centers for Disease Control (CDC) Phase 1 priority population groups have increased faster compared to other population subgroups. However, while vaccination uptake has increased, the share of unvaccinated adults who are vaccine-hesitant has remained relatively stable at 23% in the most recent week of data, and it varies considerably by state and by race/ethnicity (20% and 29% among White and Black adults, respectively).

The COVID-19 Symptom Survey provides two key insights related to targeting messages about vaccine hesitancy in the United States. First, one way to address hesitancy may be with information about side effects, which have consistently been a concern for a large

Executive Summary

fraction of the population. In the most recent week of data, the percentage of vaccine-hesitant adults who are concerned about a side effect is 70%. Second, specifically channeling vaccine-related messaging through local healthcare workers may be a promising avenue to combat vaccine hesitancy. The percentage of vaccine-hesitant adults who would be more likely to get vaccinated based on a recommendation from a local healthcare worker has increased from 10% to 16% in the most recent week of data, and this estimate is currently higher than the percentages for recommendations from other information sources. Higher confidence in recommendations from local medical and other healthcare professionals may be unsurprising given high concern over side effects, but this also presents a challenge for vaccine-hesitant adults who do not have a regular source of healthcare.

A third insight is that there may be greater potential to take a state-specific approach about messaging against vaccine hesitancy. There are substantial differences in vaccination uptake, intent, and concerns about a side effect across states. Consider five states: Florida; Georgia; Michigan; Texas; and Wisconsin. All five states have a higher proportion of vaccine hesitant adults compared to the national average, but the percentage of vaccine-hesitant adults who are concerned about a side effect varies across these five states. In particular, there are potentially larger opportunities for battling vaccine hesitancy using messaging about side effects in Florida and Georgia compared to Wisconsin. Compared to the national average, the percentage of vaccine-hesitant adults who are concerned about a side effect is the same in Georgia and slightly higher in Florida, but much lower in Wisconsin. See the table below.

	Florida	Georgia	Michigan	Texas	Wisconsin
Received a vaccination	25.4%	24.7%	30.5%	28.1%	29.6%
Did not receive a vaccination and hesitant	26.5%	29.9%	23.9%	23.7%	23.7%
Vaccine-hesitant and concerned about a side effect	71.3%	70.1%	68.8%	68.5%	62.3%

Executive Summary

III CENTERS FOR DISEASE CONTROL TIERING CRITERIA

III.i Healthcare Workers

While the rate of vaccination uptake among healthcare workers has progressed as expected, 15% of healthcare workers remain vaccine-hesitant. Among those healthcare workers who remain vaccine-hesitant, they are more likely to be concerned about a side effect (72% among healthcare workers compared to 67% among non-healthcare workers).

III.ii Age

Vaccine hesitancy is largest in the younger age groups of 18-24 years (31%) and 25-44 years (27%) in the most recent week of data. However, concern about a side effect and confidence in recommendations from local healthcare workers are similar across age groups.

III.iii Eligible Health Conditions

In the most recent week of data, an estimated 37% of adults with an eligible condition have reported having received a vaccination, and 52% of these individuals have reported receiving two doses. Adults with an eligible condition are less likely to be vaccine-hesitant than the general population (4.1 percentage point difference) but among those who are vaccine-hesitant, they are more likely to be concerned about a side effect than those in the general population (9.1 percentage point difference). Vaccine-hesitant adults with an eligible condition are most likely to get vaccinated if it were recommended by local healthcare workers compared to other information sources.

Key insights for vaccine messaging

1. We may be able to improve vaccine hesitancy by addressing concerns about side effects.
2. Channeling recommendations through local healthcare workers may be a promising way to combat vaccine hesitancy.
3. There may be greater potential to take a state-specific approach about messaging against vaccine hesitancy.

Executive Summary

IV KEY DEMOGRAPHICS

IV.i Race/Ethnicity

In alignment with official reporting and other survey sources, vaccination uptake is the highest and has increased at the fastest rate among American Indian or Alaska Native adults, followed by White, Asian, Native Hawaiian or Pacific Islander, Black, Hispanic, and Multiracial or 'Other' adults. In the most recent week of data, the self-reported rate of vaccinations among American Indian and Alaska Native adults (37%) relative to all race/ethnicities (29%) is especially promising given vaccine hesitancy among these adults (29%) relative to all race/ethnicities (23%). **This suggests that outreach and vaccine availability efforts have been comparatively successful among American Indian and Alaska Native adults.**

Black adults have had the fastest decrease in vaccine hesitancy but have the highest concern about side effects.

The survey suggests that the results for Black adults are mixed. On the positive side, Black adults have had the fastest decrease in vaccine hesitancy, from 40% to 29% during this time period. On the other hand, Black adults have the lowest percentage who report having received both doses and still have one of the highest rates of vaccine hesitancy (29% for Black adults compared to 23% for all race/ethnicities) and the highest rate of concern about a side effect (81% for Black adults compared to 70% for all race/ethnicities) in the last week of data.

IV.ii Gender

Vaccination uptake is higher among females (33%) compared to males (28%), but **vaccine-hesitant females (77%) who have not yet been vaccinated are more likely to report concern about a side effect compared to males (62%)**. This is especially notable because the size of the gender disparity (15 percentage points) in concern about a side effect is larger than any other disparity between population subgroups, including the disparity between Black adults and all race/ethnicities (11 percentage points) in concern about a side effect.

Table of Contents

1	Definitions	8
1.1	COVID-19 Vaccination Uptake and Intent	8
1.2	Receiving Two COVID-19 Vaccinations	8
1.3	Vaccine-Hesitant Adults Who are Concerned about a Side Effect	8
1.4	Influence of Information Sources on Vaccine-Hesitant Adults	8
2	Detailed Results on COVID-19 Vaccination Uptake and Intent	10
2.1	COVID-19 Vaccination Uptake and Intent: Overall.....	10
2.2	COVID-19 Vaccination Uptake and Intent: By Healthcare Worker Status.....	11
2.3	COVID-19 Vaccination Uptake and Intent: By Age	12
2.4	COVID-19 Vaccination Uptake and Intent: By Eligible Health Conditions.....	13
2.5	COVID-19 Vaccination Uptake and Intent: By Race/Ethnicity	14
2.6	COVID-19 Vaccination Uptake and Intent: By Gender.....	15
2.7	COVID-19 Vaccination Uptake and Intent: By State	16
3	Detailed Results on Receiving Two COVID-19 Vaccinations	18
3.1	Receiving Two COVID-19 Vaccinations: Overall.....	18
3.2	Receiving Two COVID-19 Vaccinations: By Healthcare Worker Status.....	19
3.3	Receiving Two COVID-19 Vaccinations: By Age	20
3.4	Receiving Two COVID-19 Vaccinations: By Eligible Health Conditions.....	21
3.5	Receiving Two COVID-19 Vaccinations: By Race/Ethnicity	22
3.6	Receiving Two COVID-19 Vaccinations: By Gender.....	23
3.7	Receiving Two COVID-19 Vaccinations: By State	24
4	Detailed Results on Vaccine-Hesitant Adults Who are Concerned about a Side Effect	25
4.1	Concerned about a Side Effect: Overall.....	25
4.2	Concerned about a Side Effect: By Healthcare Worker Status.....	26
4.3	Concerned about a Side Effect: By Age	27
4.4	Concerned about a Side Effect: By Eligible Health Conditions.....	28
4.5	Concerned about a Side Effect: By Race/Ethnicity	29
4.6	Concerned about a Side Effect: By Gender.....	30
4.7	Concerned about a Side Effect: By State	31
5	Detailed Results on the Influence of Information Sources on Vaccine-Hesitant Adults	32

5.1 Influence of Information Sources: Overall.....	32
5.2 Influence of Information Sources: By Healthcare Worker Status	33
5.3 Influence of Information Sources: By Age.....	34
5.4 Influence of Information Sources: By Eligible Health Conditions.....	35
5.5 Influence of Information Sources: By Race/Ethnicity	36
5.6 Influence of Information Sources: By Gender.....	37
5.7 Influence of Information Sources: By State	38
Appendices	39
A. Overview and Methods.....	39
B. Table of COVID-19 Vaccination Uptake and Intent.....	41
C. Table of Adults Who Received Two COVID-19 Vaccinations.....	56
D. Table of Vaccine-Hesitant Adults Who are Concerned about a Side Effect....	62
E. Table of Influence of Information Sources on Vaccine-Hesitant Adults.....	68

1 Definitions

1.1 COVID-19 Vaccination Uptake and Intent

To provide a broad overview of vaccination uptake and vaccination intent in the United States, we categorized our survey respondents into the following four mutually exclusive groups. Using the definitions below, we estimated the weighted percentage of respondents in each group.

1. Adults who received a COVID-19 vaccination: Respondents who reported "Yes" to the following survey question, which was asked of all respondents: "V1. Have you received a COVID-19 vaccination? (Yes/No/I don't know)"
2. Adults who did not receive a COVID-19 vaccination and are vaccine-accepting: Respondents who reported "Yes, definitely" or "Yes, probably" to the following survey question, which was asked only among those who reported "No" or "I don't know" to V1: "V3. If a vaccine to prevent COVID-19 were offered to you today, would you choose to get vaccinated? (Yes, definitely/Yes, probably/No, probably not/No, definitely not)"
3. Adults who did not receive a COVID-19 vaccination and are vaccine-hesitant: Respondents who reported "No, definitely not" or "No, probably not" to V3, which was asked only among those who reported "No" or "I don't know" to V1.
4. Adults who did not receive a COVID-19 vaccination and have unknown intent because they skipped our survey question on intent: Respondents who reported "No" or "I don't know" to V1 and skipped V3.

1.2 Receiving Two COVID-19 Vaccinations

We defined receiving two COVID-19 vaccinations as the weighted percentage of respondents who reported receiving "2 vaccinations or doses" using the following survey question, which was asked only among respondents who reported "Yes" to receiving a COVID-19 vaccination in V1: "V2. How many COVID-19 vaccinations have you received? (1 vaccination or dose/2 vaccinations or doses/I don't know)"

1.3 Vaccine-Hesitant Adults Who are Concerned about a Side Effect

We defined concerned about experiencing a side effect as the weighted percentage of respondents who reported "Very concerned" or "Moderately concerned" in response to the following survey question, out of all respondents who were vaccine-hesitant: "V9. How concerned are you that you would experience a side effect from a COVID-19 vaccination? (Very concerned/Moderately concerned/Slightly concerned/Not at all concerned)"

1.4 Influence of Information Sources on Vaccine-Hesitant Adults

We examined the potential influence of information sources on vaccination among vaccine-hesitant adults using the survey question: "V4a. Would you be more or less likely to get a COVID-19 vaccination if it were recommended to you by each of the following: (Local healthcare workers/World Health Organization (WHO)/Government

health officials/Friends and family/Politicians)” For each information source, respondents had the option of answering: “More likely”; “About the same”; “Less likely”. We estimated the percentage of individuals who would be more likely to receive a COVID-19 vaccination given a specific information source using the weighted proportion of respondents who reported “More likely” out of all respondents who were vaccine-hesitant.

2 Detailed Results on COVID-19 Vaccination Uptake and Intent

Note that these survey-based estimates of vaccination uptake are typically higher than official values reported by the CDC and state health departments, possibly reflecting survey biases. However, we expect these biases to not change dramatically over time, so that increasing or decreasing trends reflect true trends in the underlying data.

2.1 COVID-19 Vaccination Uptake and Intent: Overall

Trends for the overall group are summarized in Figure 1 (below) and in Appendix B.

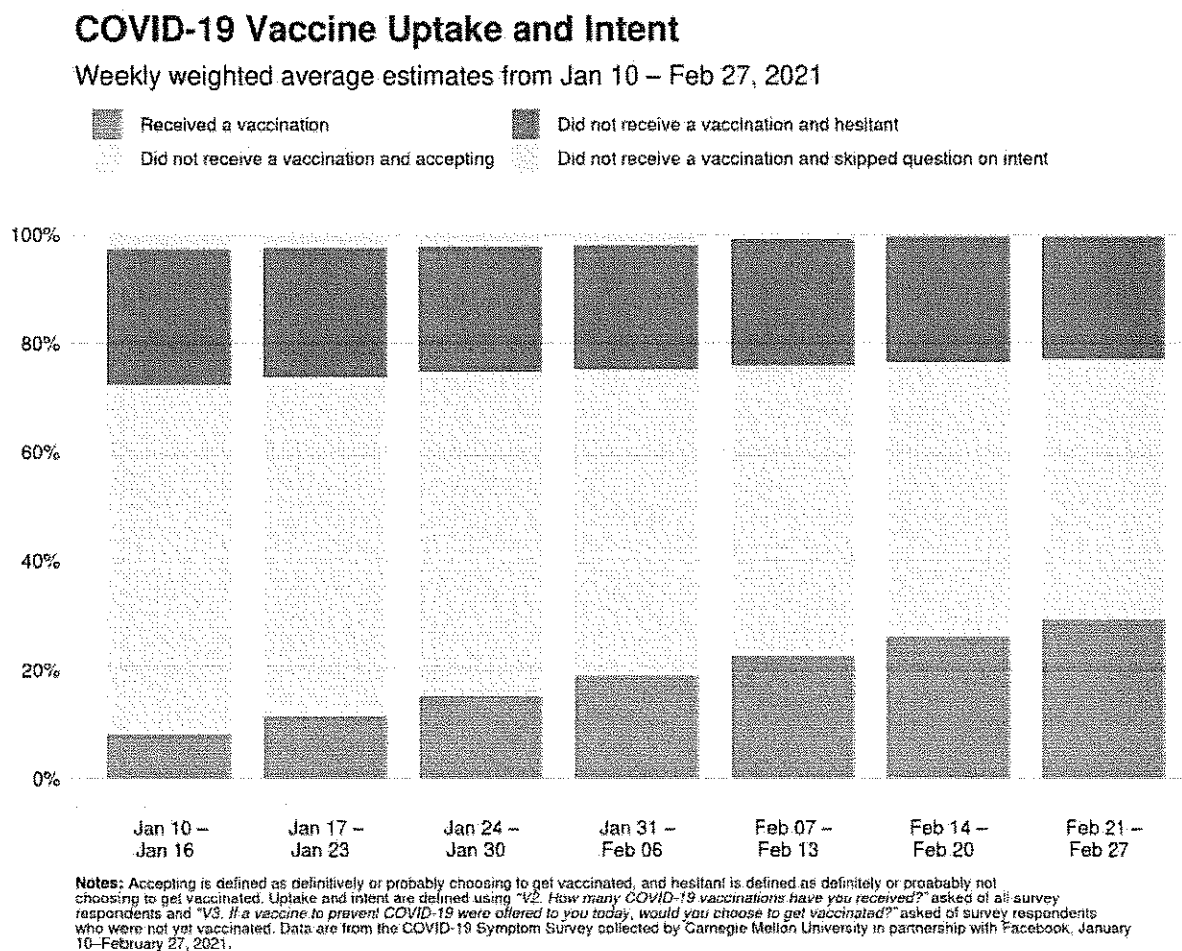


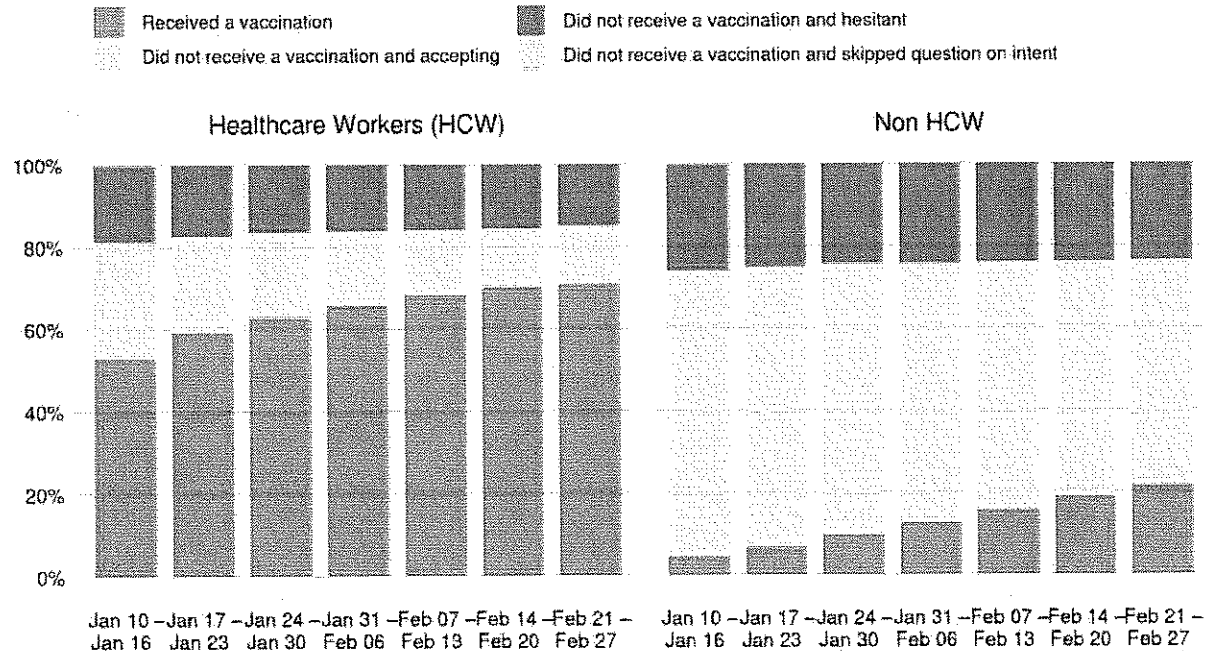
Figure 1: COVID-19 vaccination uptake and intent for the overall group as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table B.1, Appendix B)

2.2 COVID-19 Vaccination Uptake and Intent: By Healthcare Worker Status

Trends by healthcare worker status are summarized in Figure 2 (below) and in Appendix B.

COVID-19 Vaccine Uptake and Intent by Healthcare Worker Status

Weekly weighted average estimates from Jan 10 – Feb 27, 2021



Notes: Accepting is defined as definitely or probably choosing to get vaccinated, and hesitant is defined as definitely or probably not choosing to get vaccinated. Uptake and intent are defined using "V2. How many COVID-19 vaccinations have you received?" asked of all survey respondents and "V3. If a vaccine to prevent COVID-19 were offered to you today, would you choose to get vaccinated?" asked of survey respondents who were not yet vaccinated. Healthcare workers are defined as "Healthcare practitioners and technicians" in response to "O64. Please select the occupational group that best fits the main kind of work you were doing in the last four weeks." Data are from the COVID-19 Symptom Survey collected by Carnegie Mellon University in partnership with Facebook, January 10–February 27, 2021.

Figure 2: COVID-19 vaccination uptake and intent by healthcare worker status as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table B.1, Appendix B)

2.3 COVID-19 Vaccination Uptake and Intent: By Age

Trends by age are summarized in Figure 3 (below) and in Appendix B.

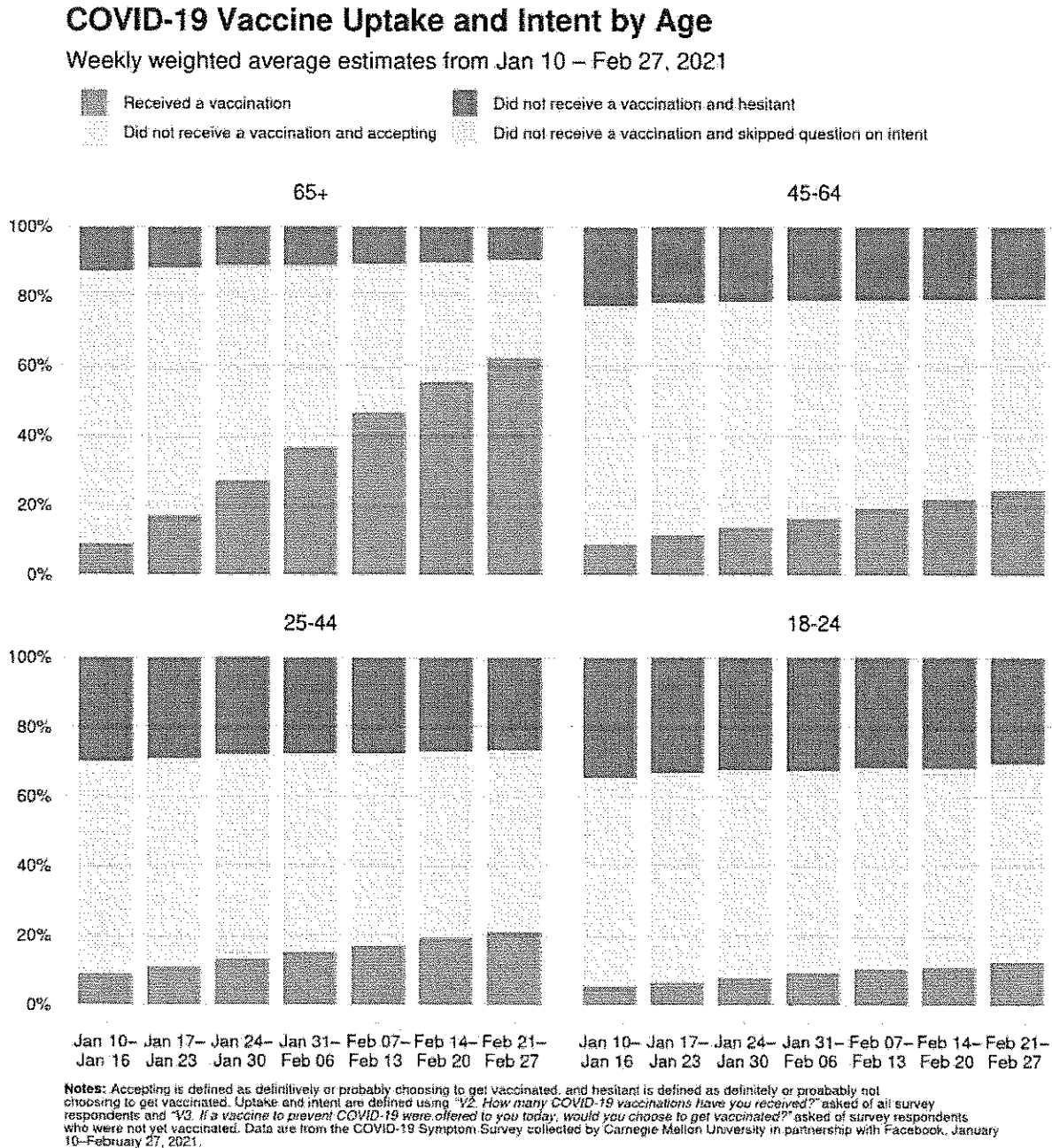


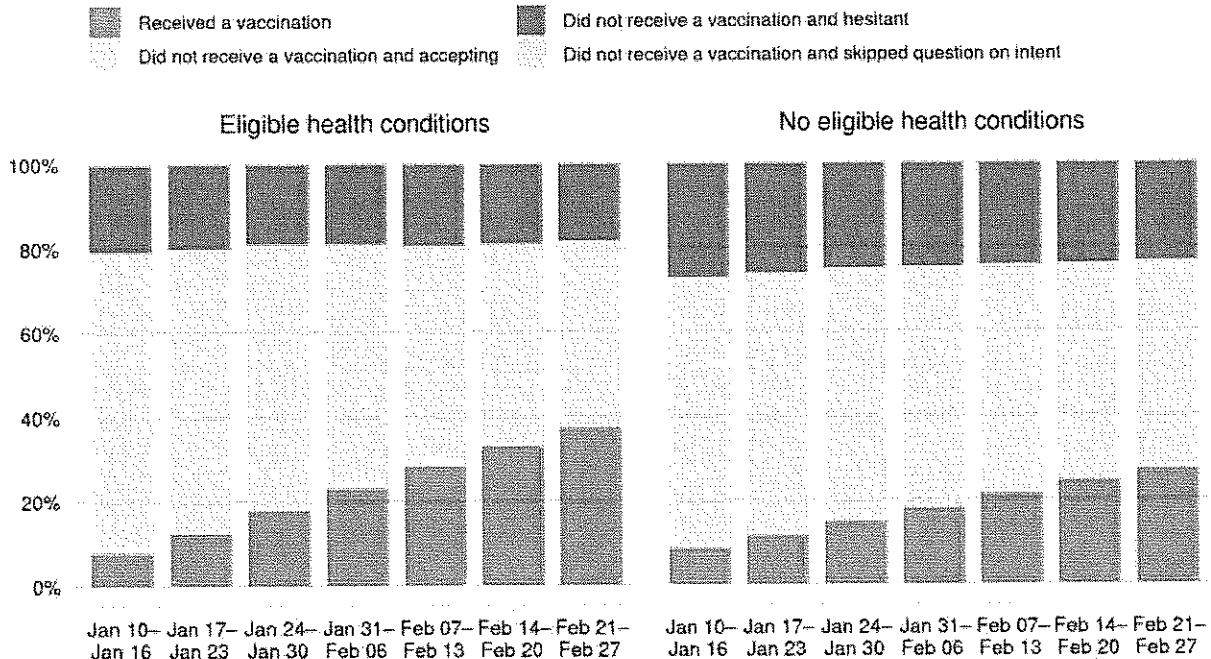
Figure 3: COVID-19 vaccination uptake and intent by age as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table B.1, Appendix B)

2.4 COVID-19 Vaccination Uptake and Intent: By Eligible Health Conditions

Trends by eligible health conditions are summarized in Figure 4 (below) and in Appendix B.

COVID-19 Vaccine Uptake and Intent by Eligible Conditions

Weekly weighted average estimates from Jan 10 – Feb 27, 2021



Notes: Accepting is defined as definitively or probably choosing to get vaccinated, and hesitant is defined as definitively or probably not choosing to get vaccinated. Uptake and intent are defined using "V2. How many COVID-19 vaccinations have you received?" asked of all survey respondents and "V3. If a vaccine to prevent COVID-19 were offered to you today, would you choose to get vaccinated?" asked of survey respondents who were not yet vaccinated. Data are from the COVID-19 Symptom Survey collected by Carnegie Mellon University in partnership with Facebook, January 10–February 27, 2021.

Figure 4: COVID-19 vaccination uptake and intent by eligible health conditions as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table B.1, Appendix B)

2.5 COVID-19 Vaccination Uptake and Intent: By Race/Ethnicity

Trends by race/ethnicity are summarized in Figure 5 (below) and in Appendix B.

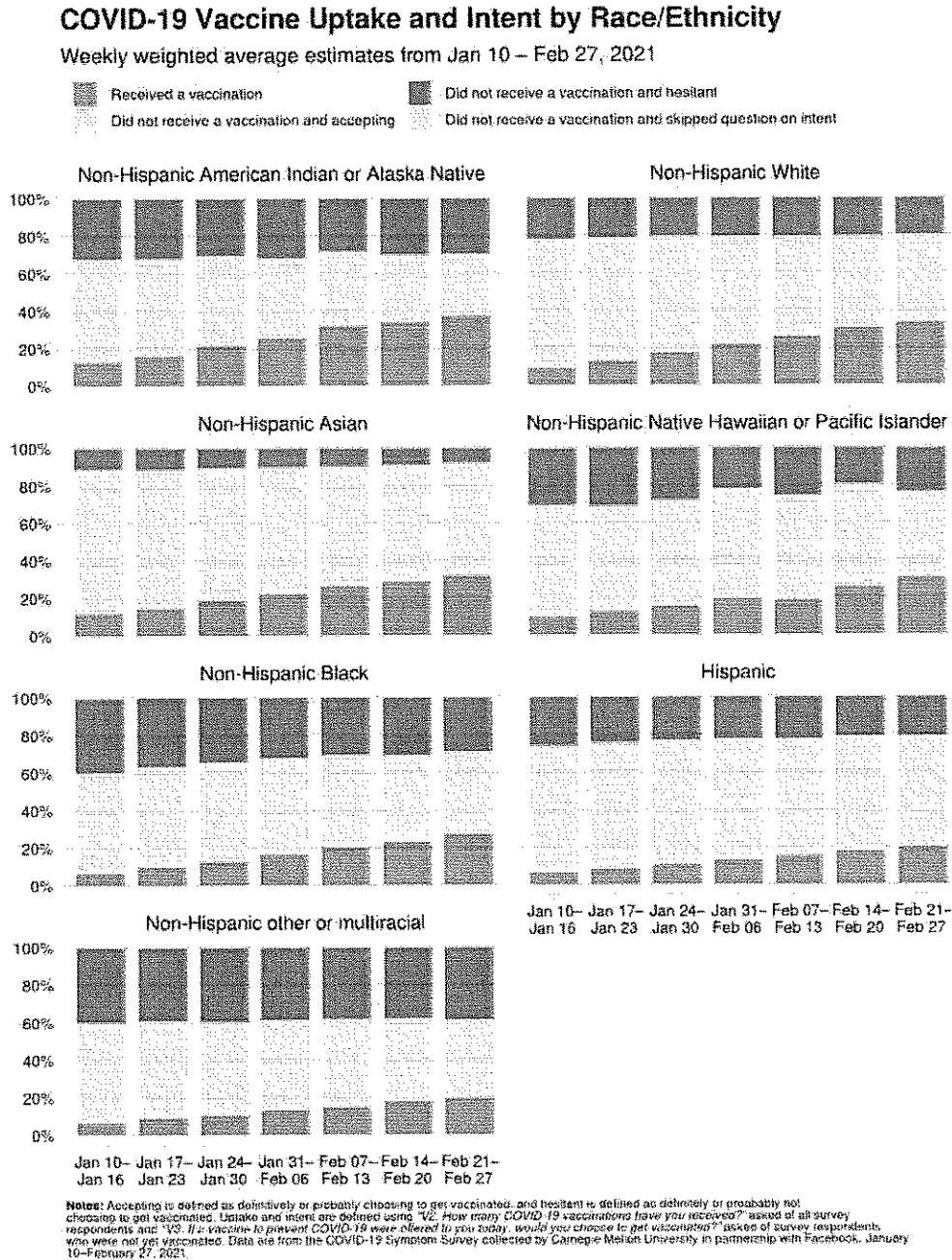


Figure 5: COVID-19 vaccination uptake and intent by race/ethnicity as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table B.1, Appendix B)

2.6 COVID-19 Vaccination Uptake and Intent: By Gender

Trends by gender are summarized in Figure 6 (below) and in Appendix B.

COVID-19 Vaccination Uptake and Intent by Gender

Weekly weighted average estimates from Jan 10 – Feb 27, 2021

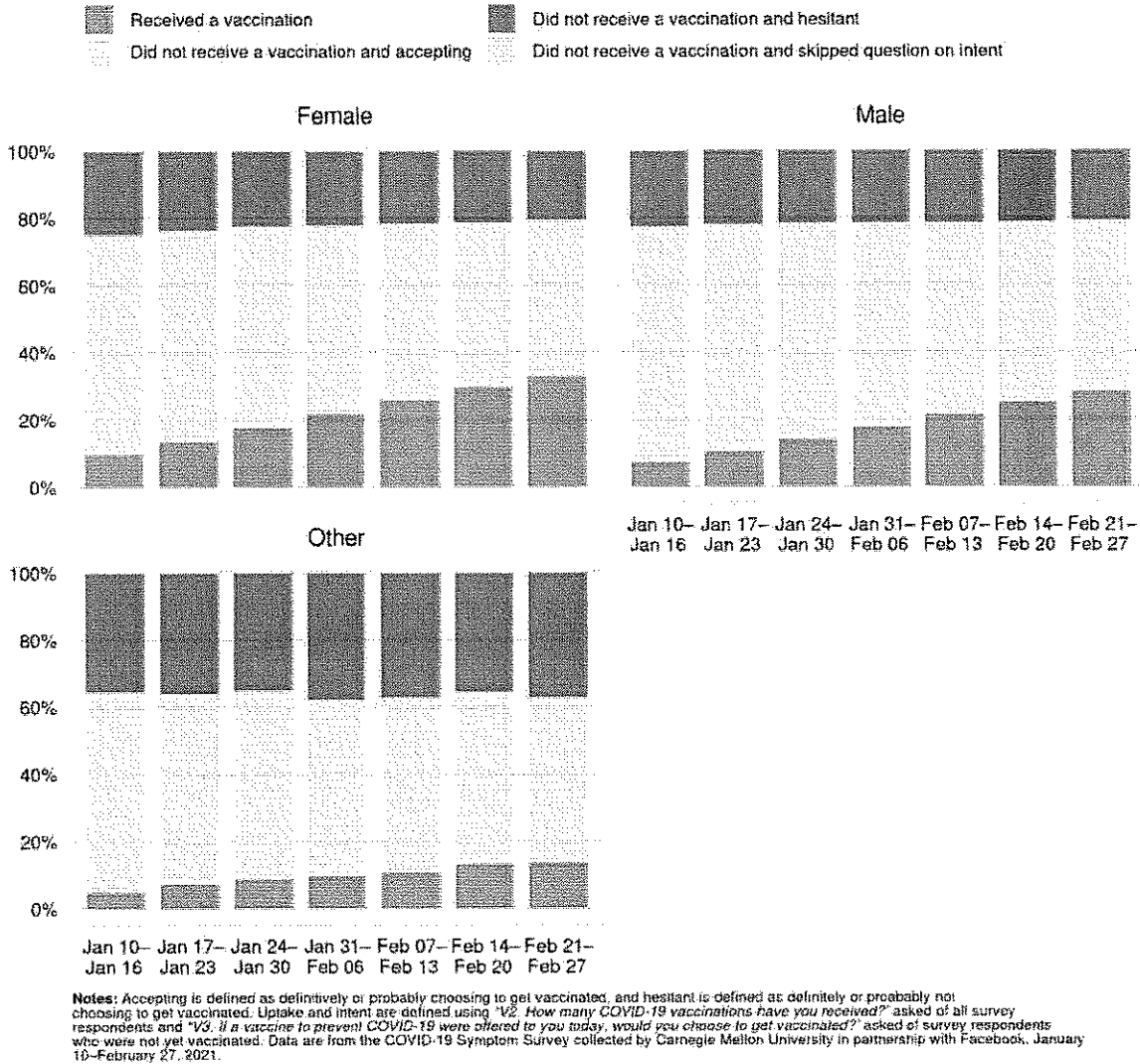
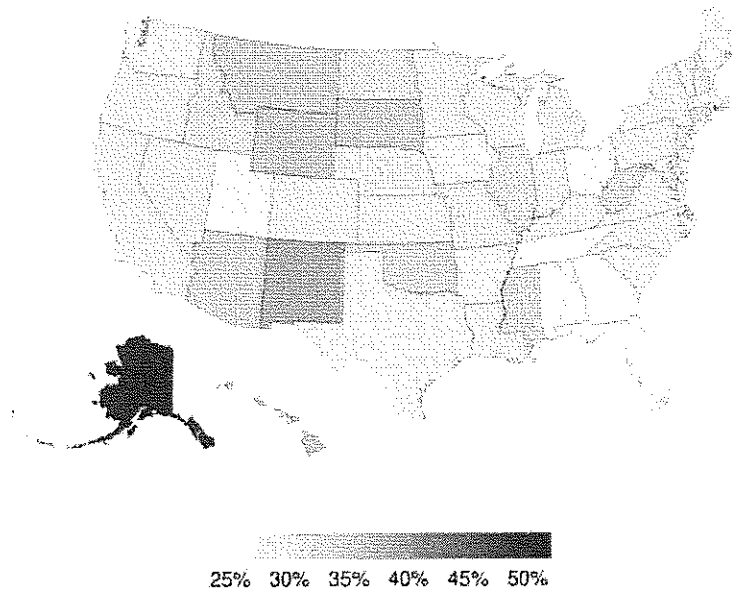


Figure 6: COVID-19 vaccination uptake and intent by gender as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table B.1, Appendix B)

2.7 COVID-19 Vaccination Uptake and Intent: By State

Trends by state are summarized in Figures 7-9 (below) and in Appendix B.

Adults Who Received a COVID-19 Vaccination: By State
Weighted average estimates from Feb 21 – Feb 27, 2021

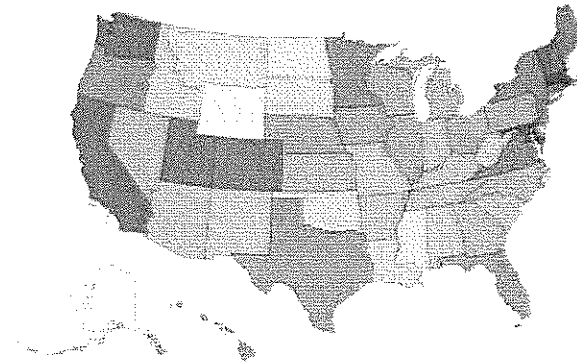


Uptake is defined using "V1. Have you had a COVID-19 vaccination?" asked of all survey respondents. Data are from the COVID-19 Symptom Survey collected by Carnegie Mellon University in partnership with Facebook, Feb 21 – Feb 27, 2021.

Figure 7: Adults who received a COVID-19 vaccination by state as estimated from the COVID-19 Symptom Survey, Feb 21 – Feb 27, 2021 (Data are tabulated in Table B.1, Appendix B)

Adults Who Did not Receive a COVID-19 Vaccination and are Vaccine-Accepting: By State

Weighted average estimates from Feb 21 – Feb 27, 2021



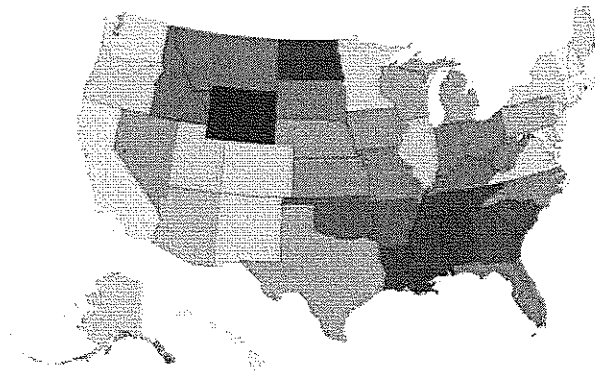
30% 40% 50% 60%

Acceptance is defined as "definitely" or "probably" choosing to get vaccinated in response to "V3. If a vaccine to prevent COVID-19 were offered to you today, would you choose to get vaccinated?" asked of survey respondents who were not vaccinated. Data are from the COVID-19 Symptom Survey collected by Carnegie Mellon University in partnership with Facebook, Feb 21 – Feb 27, 2021.

Figure 8: Adults who did not receive a COVID-19 vaccination and are vaccine-accepting by state as estimated by the COVID-19 Symptom Survey, Feb 21 – Feb 27, 2021 (Data are tabulated in Table B.1, Appendix B)

Adults Who Did not Receive a COVID-19 Vaccination and are Vaccine-Hesitant: By State

Weighted average estimates from Feb 21 – Feb 27, 2021



10% 15% 20% 25% 30% 35%

Hesitance is defined as "definitely not" or "probably not" choosing to get vaccinated in response to "V3. If a vaccine to prevent COVID-19 were offered to you today, would you choose to get vaccinated?" asked of survey respondents who were not vaccinated. Data are from the COVID-19 Symptom Survey collected by Carnegie Mellon University in partnership with Facebook, Feb 21 – Feb 27, 2021.

Figure 9: Adults who did not receive a COVID-19 vaccination and are vaccine-hesitant by state as estimated by the COVID-19 Symptom Survey, Feb 21 – Feb 27, 2021 (Data are tabulated in Table B.1, Appendix B)

3 Detailed Results on Receiving Two COVID-19 Vaccinations

3.1 Receiving Two COVID-19 Vaccinations: Overall

Trends for the overall group are summarized in Figure 10 (below) and in Appendix C.

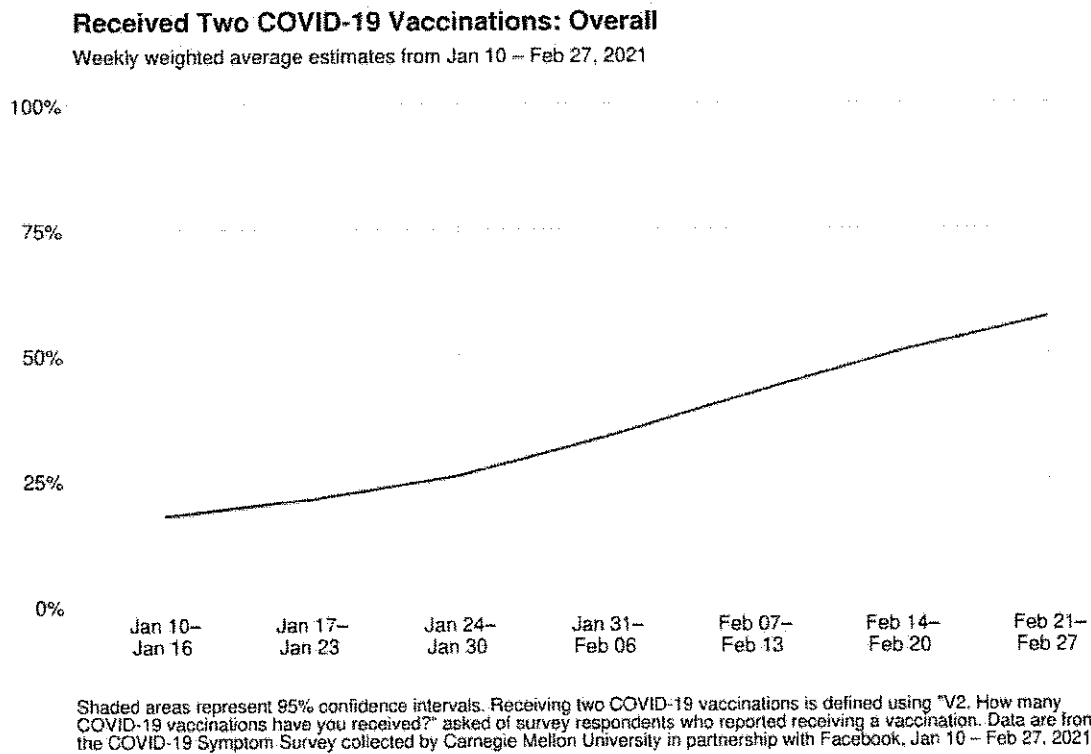


Figure 10: Percent of adults who received two COVID-19 vaccinations out of adults who reported receiving a COVID-19 vaccination as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table C.1, Appendix C)

3.2 Receiving Two COVID-19 Vaccinations: By Healthcare Worker Status

Trends by healthcare worker status are summarized in Figure 11 (below) and in Appendix C.

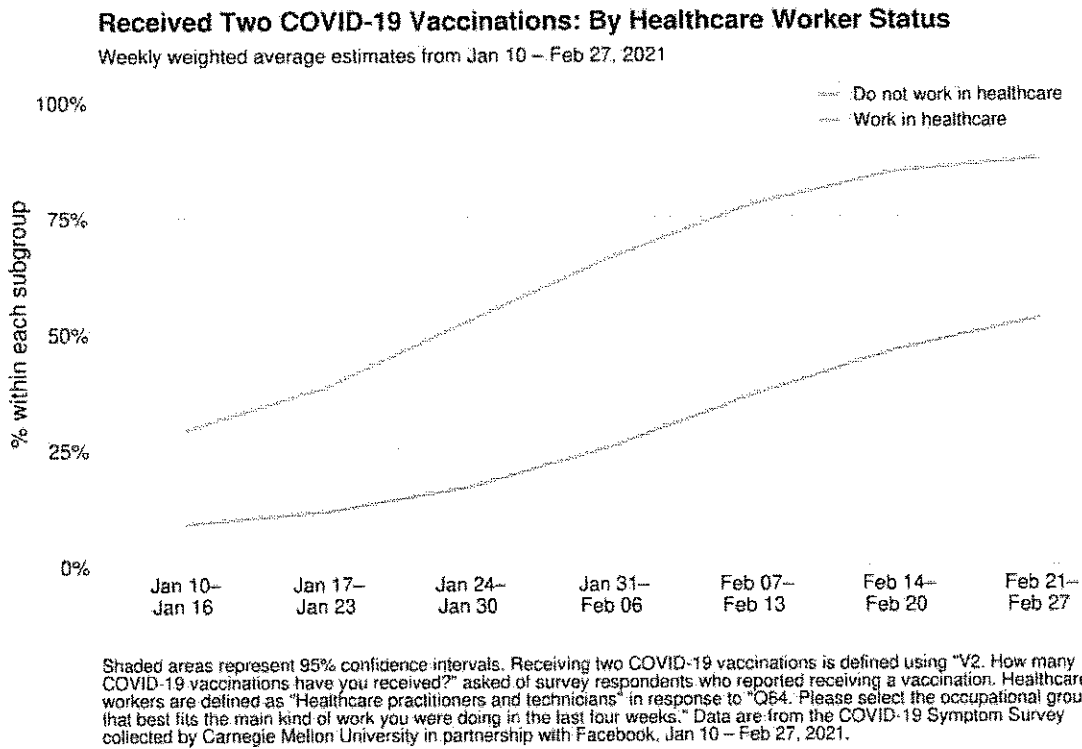
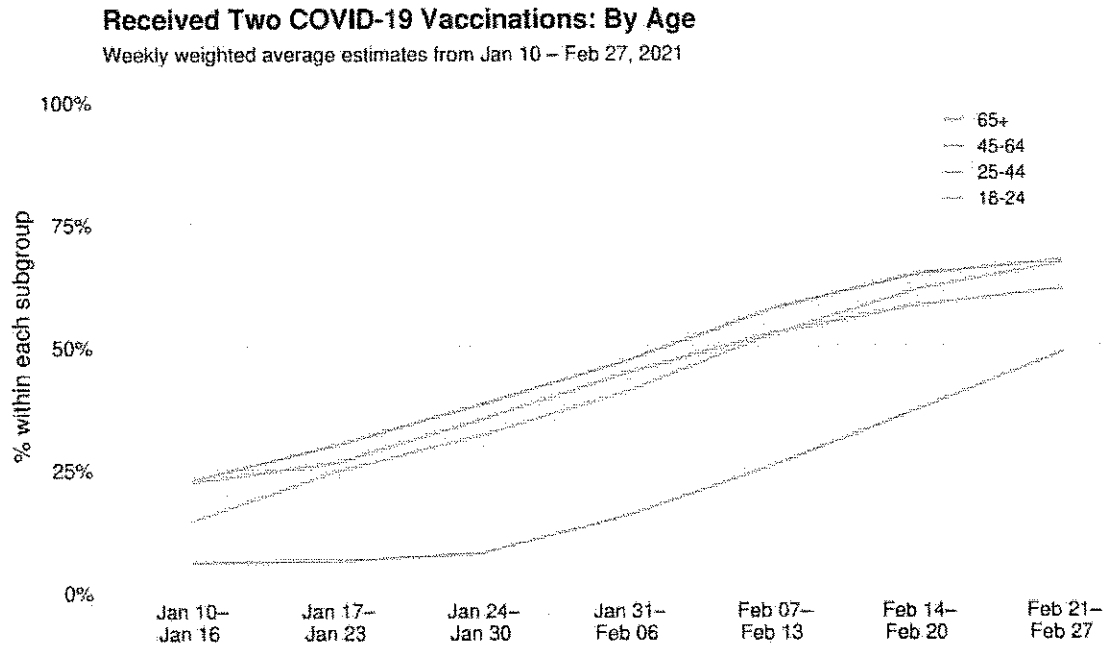


Figure 11: Percent of adults who received two COVID-19 vaccinations out of adults who reported receiving a COVID-19 vaccination, by healthcare worker status, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table C.1, Appendix C)

3.3 Receiving Two COVID-19 Vaccinations: By Age

Trends by age are summarized in Figure 12 (below) and in Appendix C.



Shaded areas represent 95% confidence intervals. Receiving two COVID-19 vaccinations is defined using "V2. How many COVID-19 vaccinations have you received?" asked of survey respondents who reported receiving a vaccination. Age group is defined using "D2. What is your age?" Data are from the COVID-19 Symptom Survey collected by Carnegie Mellon University in partnership with Facebook, Jan 10 – Feb 27, 2021.

Figure 12: Percent of adults who received two COVID-19 vaccinations out of adults who reported receiving a COVID-19 vaccination, by age, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table C.1, Appendix C)

3.4 Receiving Two COVID-19 Vaccinations: By Eligible Health Conditions

Trends by eligible health conditions are summarized in Figure 13 (below) and in Appendix C.

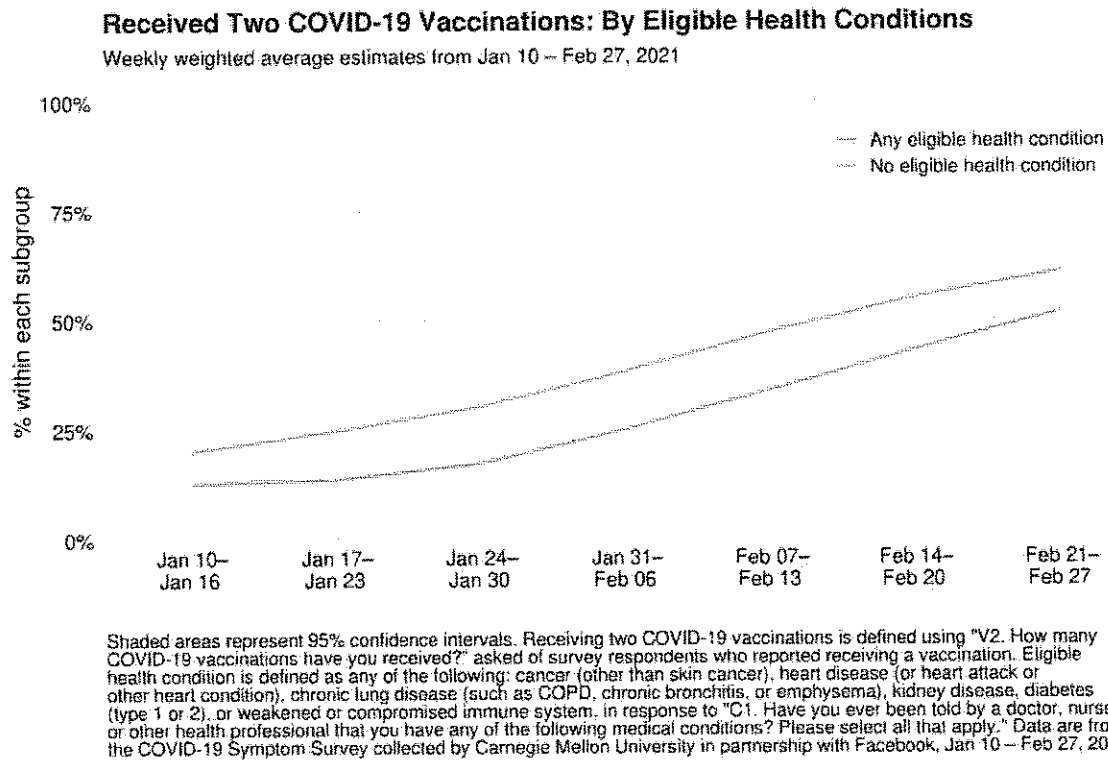


Figure 13: Percent of adults who received two COVID-19 vaccinations out of adults who reported receiving a COVID-19 vaccination, by eligible health conditions, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table C.1, Appendix C)

3.5 Receiving Two COVID-19 Vaccinations: By Race/Ethnicity

Trends by race/ethnicity are summarized in Figure 14 (below) and in Appendix C.

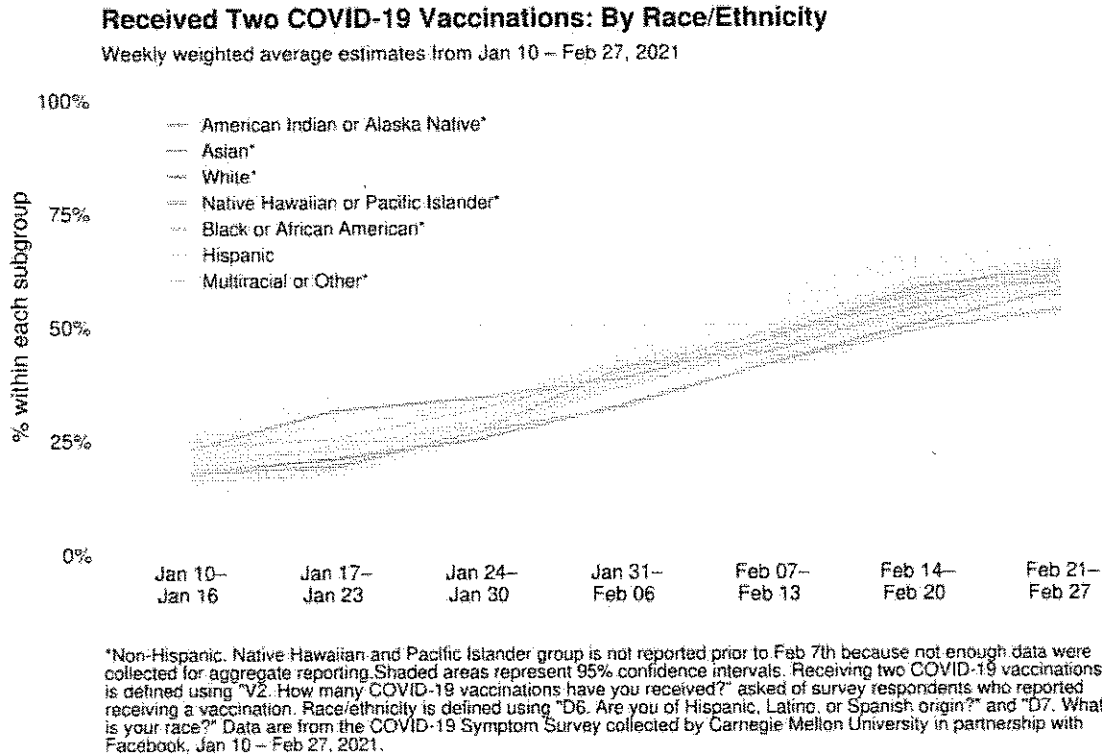
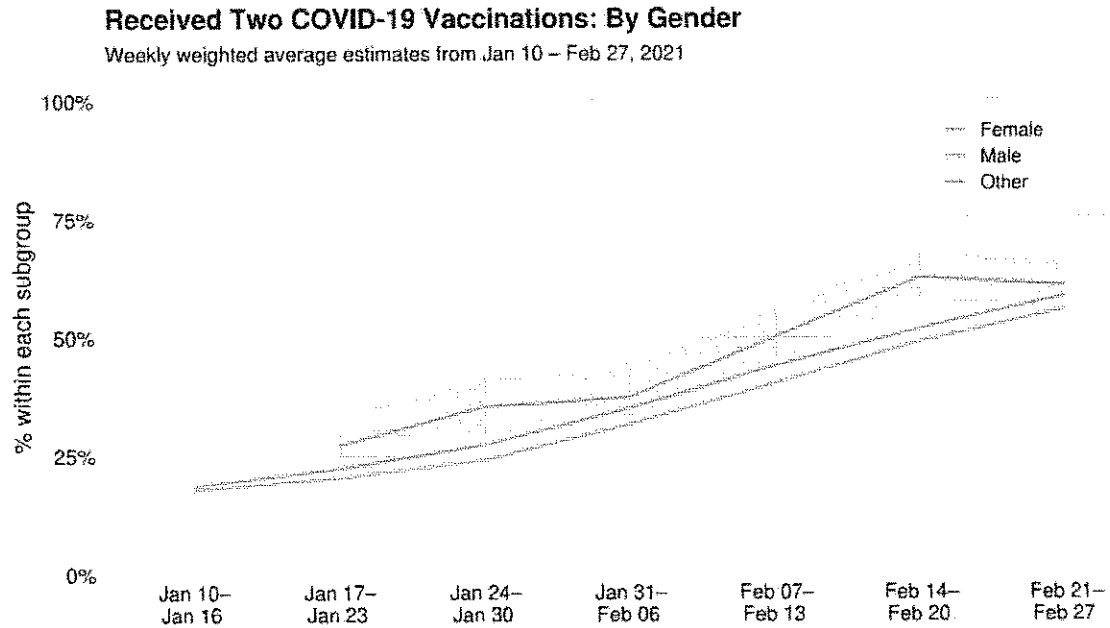


Figure 14: Percent of adults who received two COVID-19 vaccinations out of adults who reported receiving a COVID-19 vaccination, by race/ethnicity, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table C.1, Appendix C)

3.6 Receiving Two COVID-19 Vaccinations: By Gender

Trends by gender are summarized in Figure 15 (below) and in Appendix C.

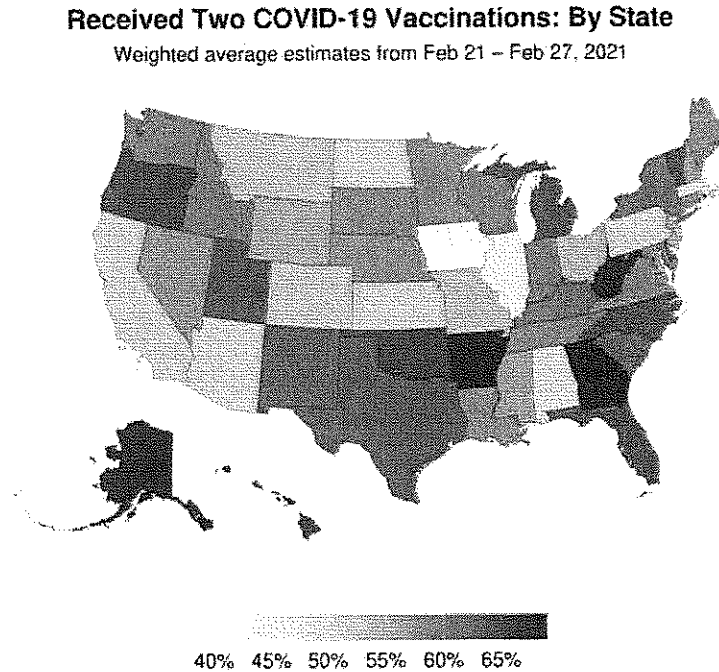


The "other" group is not depicted prior to Jan 17th because not enough data were collected for aggregate reporting. Shaded areas represent 95% confidence intervals. Receiving two COVID-19 vaccinations is defined using "V2. How many COVID-19 vaccinations have you received?" asked of survey respondents who reported receiving a vaccination. Gender group is defined using "D1. What is your gender?" Data are from the COVID-19 Symptom Survey collected by Carnegie Mellon University in partnership with Facebook, Jan 10 – Feb 27, 2021.

Figure 15: Percent of adults who received two COVID-19 vaccinations out of adults who reported receiving a COVID-19 vaccination, by gender, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table C.1, Appendix C)

3.7 Receiving Two COVID-19 Vaccinations: By State

Trends by state are summarized in Figure 16 (below) and in Appendix C.



Receiving two COVID-19 vaccinations is defined using "V2. How many COVID-19 vaccinations have you received?" asked of survey respondents who reported receiving a vaccination. Data are from the COVID-19 Symptom Survey collected by Carnegie Mellon University in partnership with Facebook, Feb 21 – Feb 27, 2021.

Figure 16: Percent of adults who received two COVID-19 vaccinations out of adults who reported receiving a COVID-19 vaccination, by state, as estimated by the COVID-19 Symptom Survey, Feb 21 – Feb 27, 2021 (Data are tabulated in Table C.1, Appendix C)

4 Detailed Results on Vaccine-Hesitant Adults Who are Concerned about a Side Effect

4.1 Concerned about a Side Effect: Overall

Trends for the overall group are summarized in Figure 17 (below) and in Appendix D.

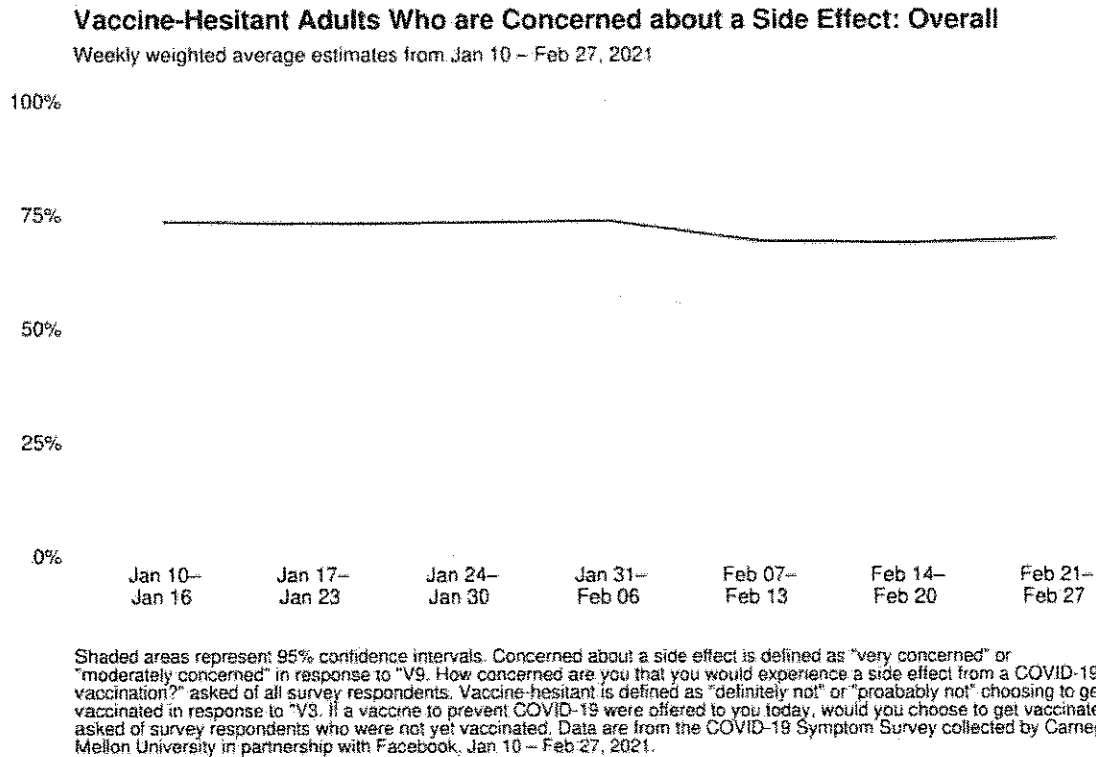


Figure 17: Vaccine-hesitant adults who are concerned about a side effect as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table D.1, Appendix D)

4.2 Concerned about a Side Effect: By Healthcare Worker Status

Trends by healthcare worker status are summarized in Figure 18 (below) and in Appendix D.

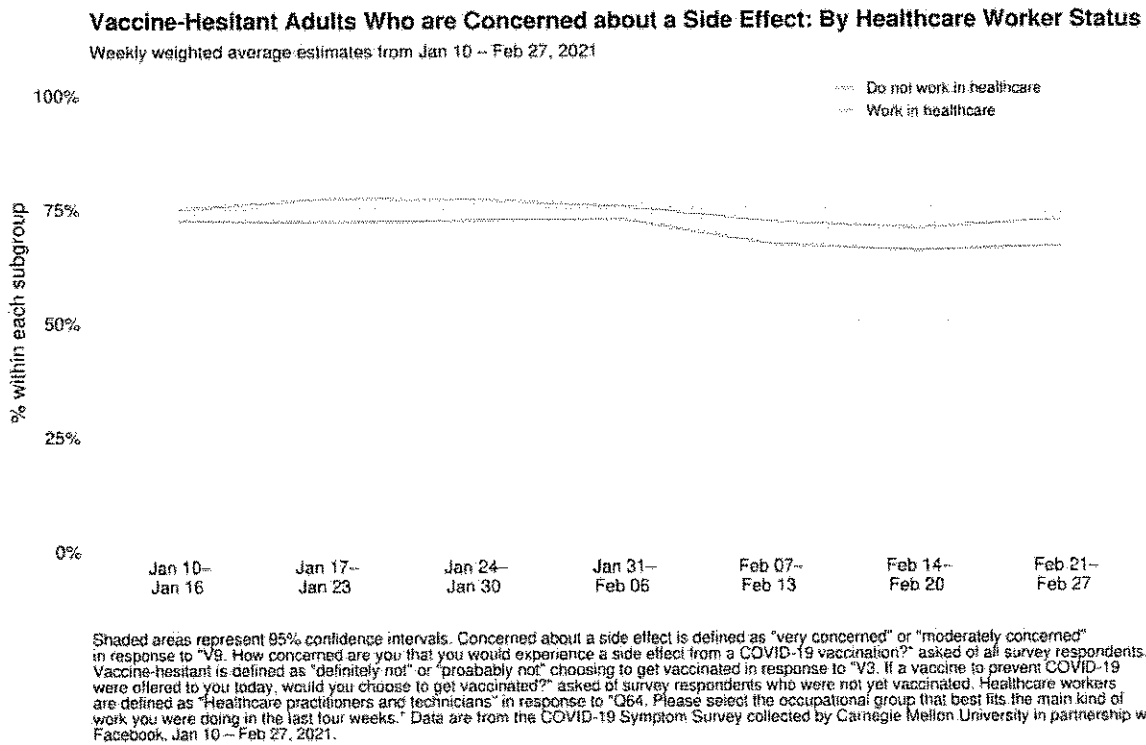


Figure 18: Vaccine-hesitant adults who are concerned about a side effect, by healthcare worker status, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table D.1, Appendix D)

4.3 Concerned about a Side Effect: By Age

Trends by age are summarized in Figure 19 (below) and in Appendix D.

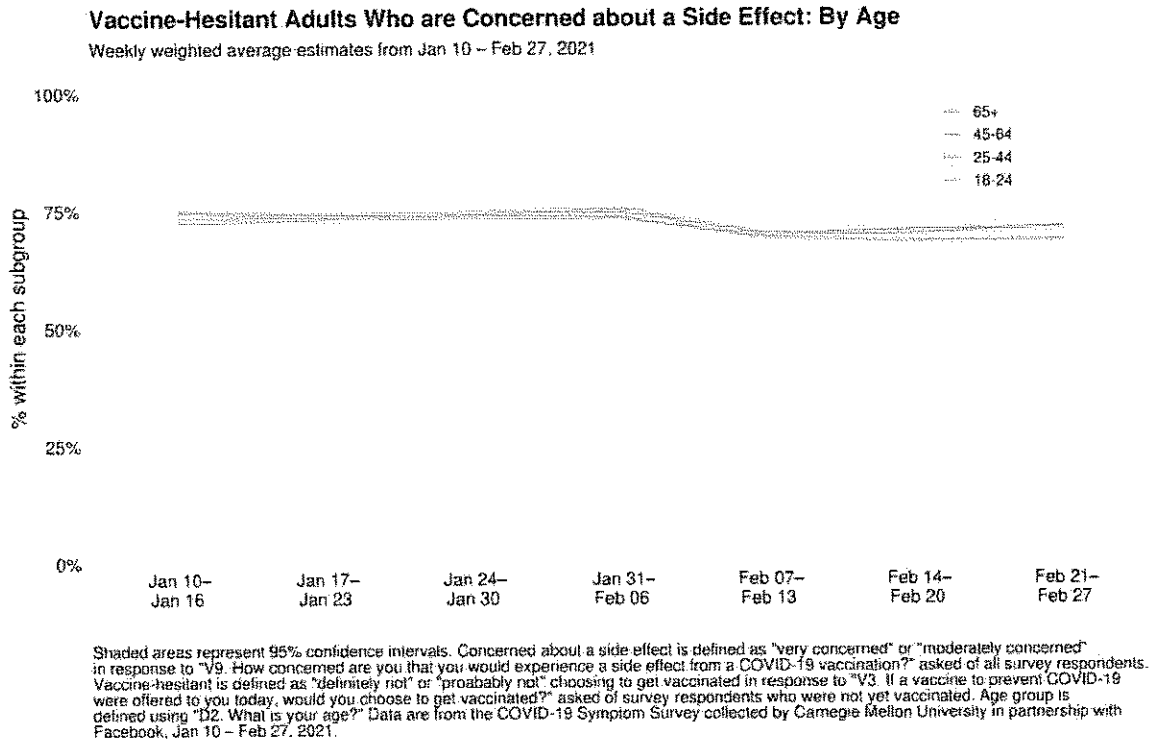


Figure 19: Vaccine-hesitant adults who are concerned about a side effect, by age, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table D.1, Appendix D)

4.4 Concerned about a Side Effect: By Eligible Health Conditions

Trends by eligible health conditions are summarized in Figure 20 (below) and in Appendix D.

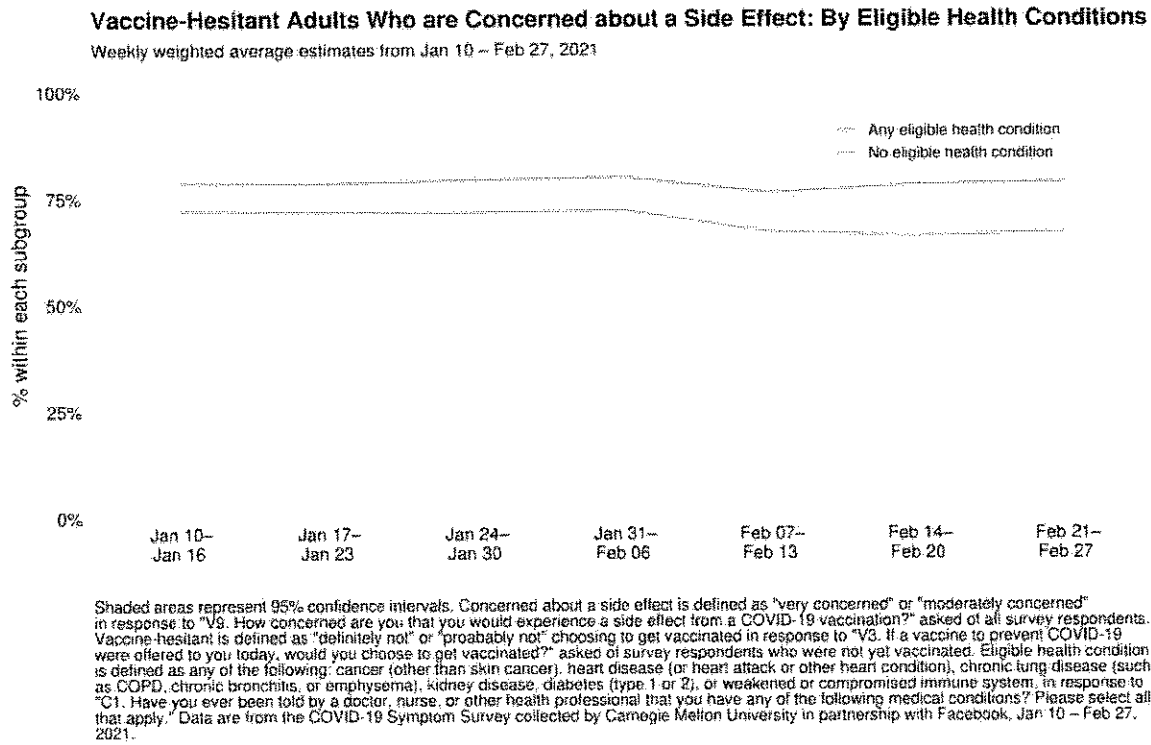


Figure 20: Vaccine-hesitant adults who are concerned about a side effect, by eligible health conditions, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table D.1, Appendix D)

4.5 Concerned about a Side Effect: By Race/Ethnicity

Trends by race/ethnicity are summarized in Figure 21 (below) and in Appendix D.

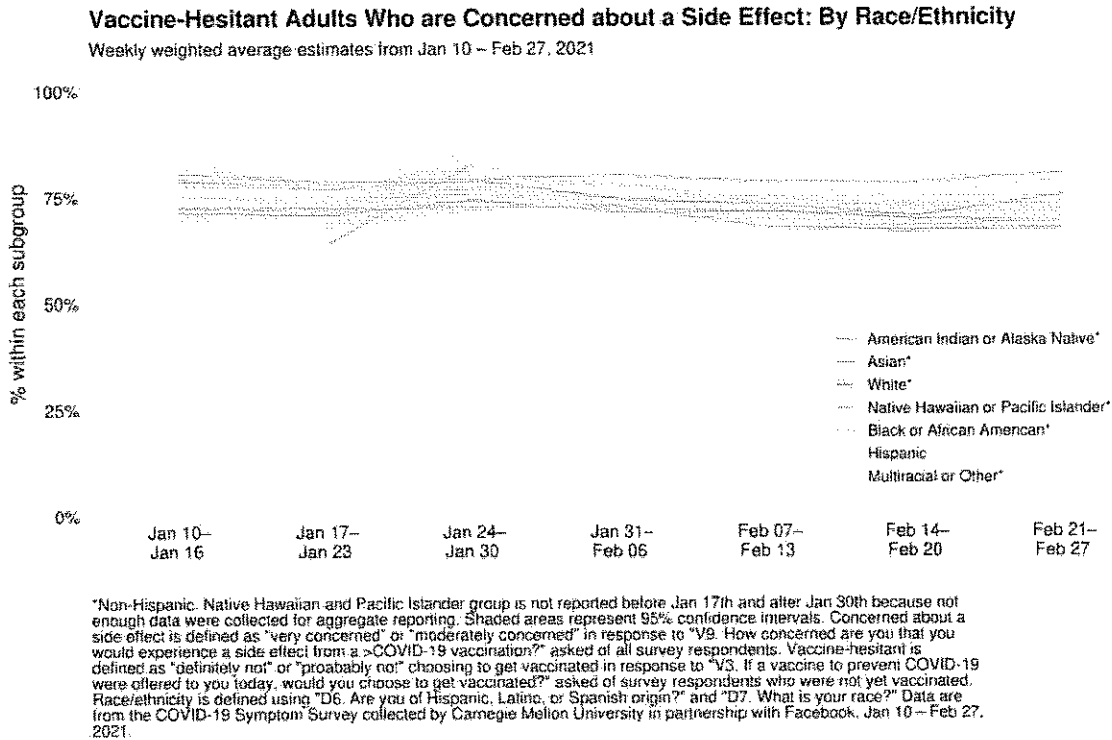


Figure 21: Vaccine-hesitant adults who are concerned about a side effect, by race/ethnicity as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table D.1, Appendix D)

4.6 Concerned about a Side Effect: By Gender

Trends by gender are summarized in Figure 22 (below) and in Appendix D.

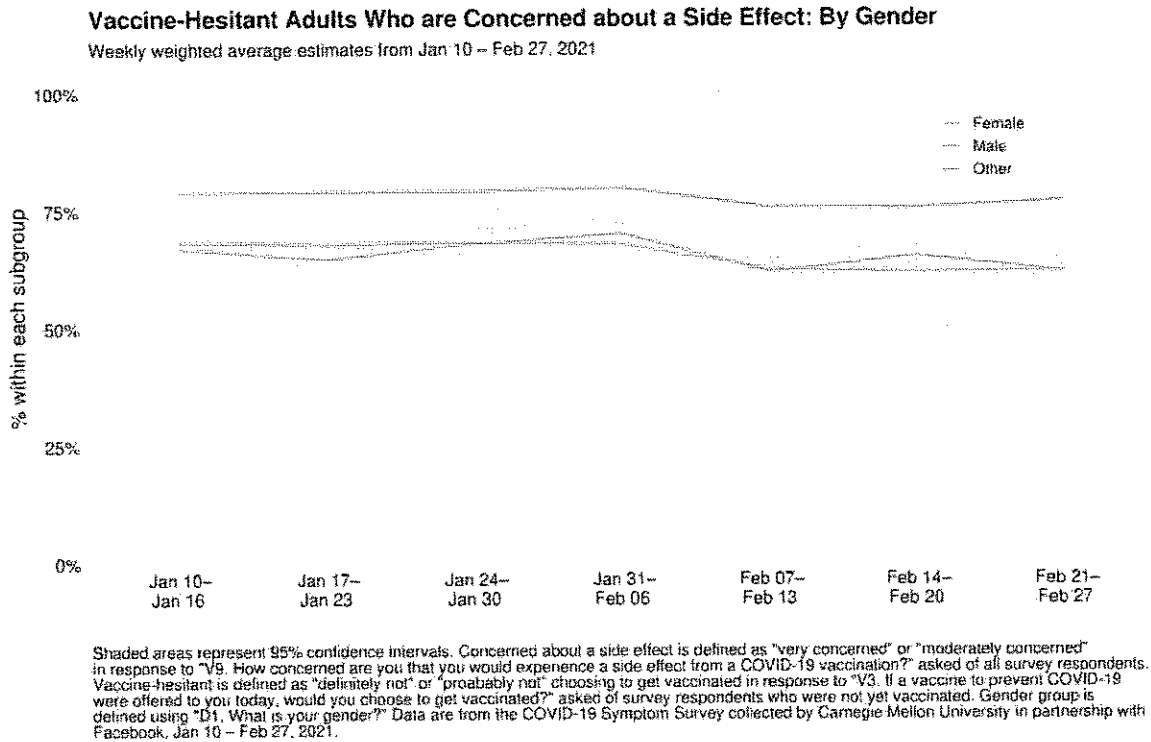


Figure 22: Vaccine-hesitant adults who are concerned about a side effect, by gender, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table D.1, Appendix D)

4.7 Concerned about a Side Effect: By State

Trends by state are summarized in Figure 23 (below) and in Appendix D.

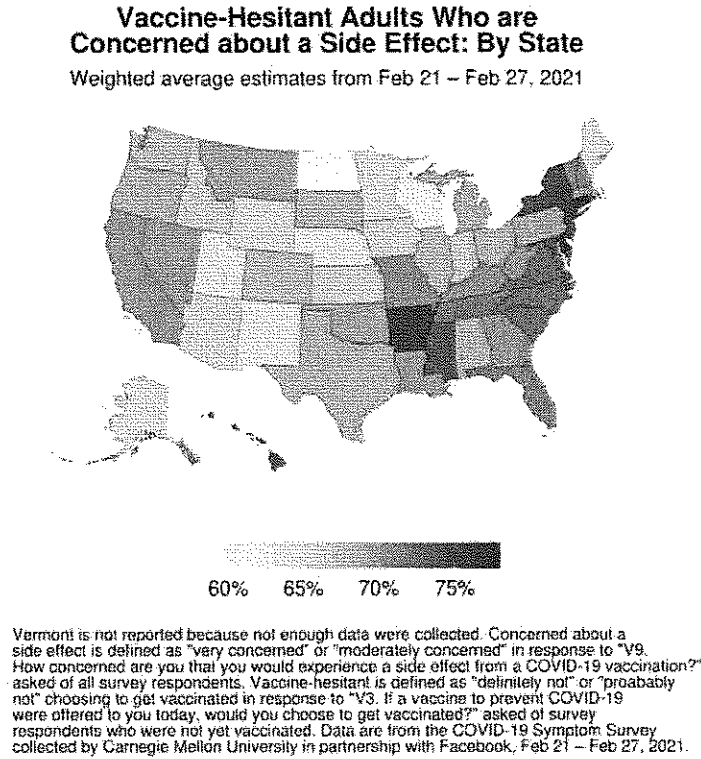


Figure 23: Vaccine-hesitant adults who are concerned about a side effect, by state, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table D.1, Appendix D)

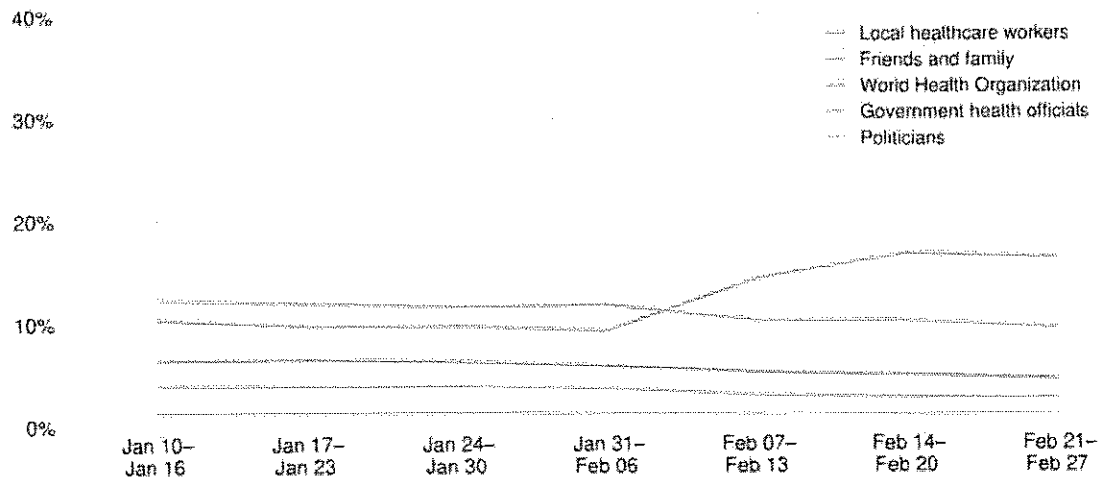
5 Detailed Results on the Influence of Information Sources on Vaccine-Hesitant Adults

5.1 Influence of Information Sources: Overall

Trends for the overall group are summarized in Figure 24 (below) and in Appendix E.

Vaccine-Hesitant Adults Who are More Likely to Get Vaccinated if Recommended By Various Information Sources

Weekly weighted average estimates from Jan 10 – Feb 27, 2021

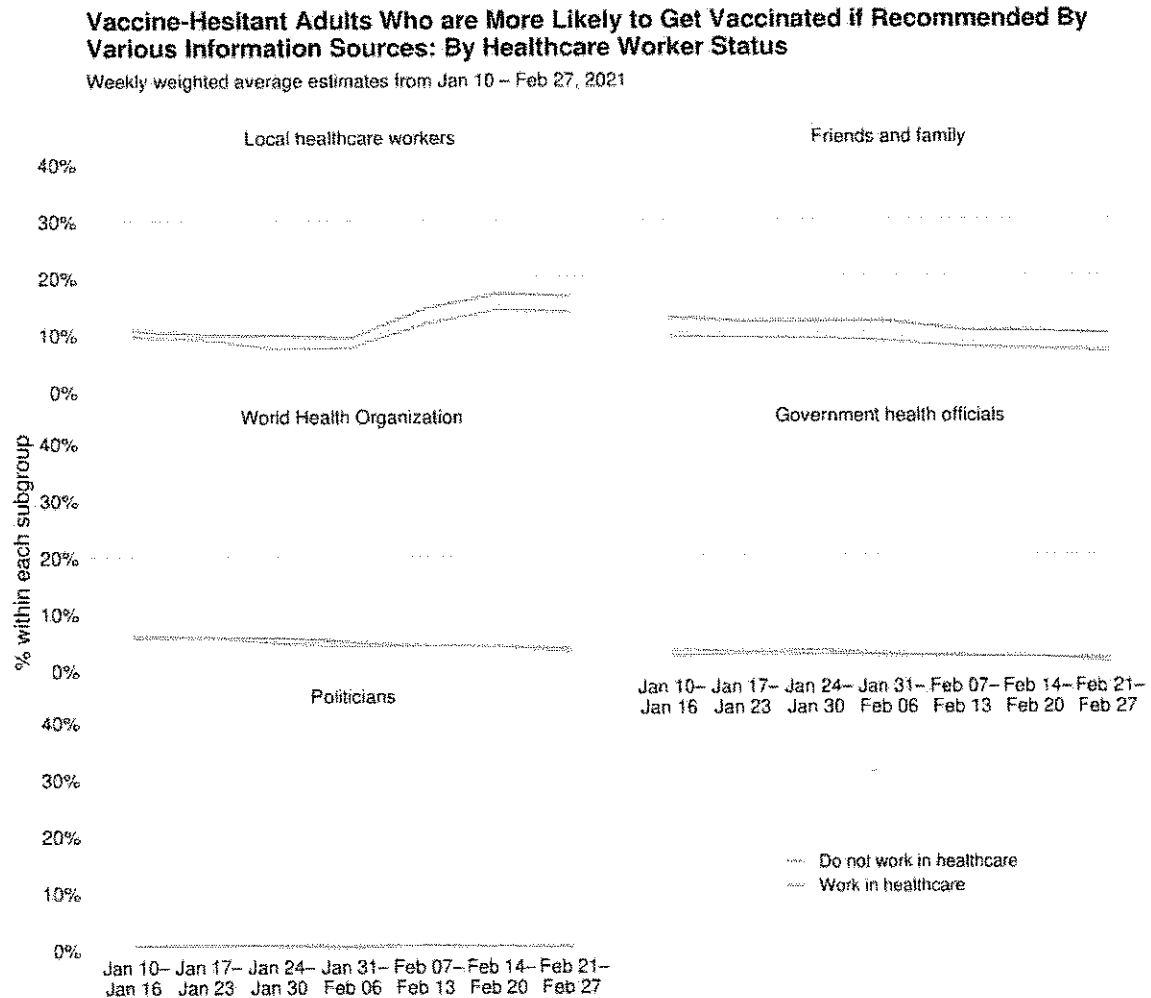


Shaded areas represent 95% confidence intervals. More likely to get vaccinated is defined using "V4a. Would you be more or less likely to get a COVID-19 vaccination if it were recommended to you by each of the following: Friends or family, local healthcare workers, World Health Organization, government health officials, or politicians?" asked among respondents not yet vaccinated. Vaccine-hesitant is defined as "definitely not" or "probably not" choosing to get vaccinated in response to "V3. If a vaccine to prevent COVID-19 were offered to you today, would you choose to get vaccinated?" asked of survey respondents who were not yet vaccinated. Data are from the COVID-19 Symptom Survey collected by Carnegie Mellon University in partnership with Facebook, Jan 10 – Feb 27, 2021.

Figure 24: Vaccine-hesitant adults who are more likely to get vaccinated if recommended by various information sources as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table E.1, Appendix E)

5.2 Influence of Information Sources: By Healthcare Worker Status

Trends by healthcare worker status are summarized in Figure 25 (below) and in Appendix E.

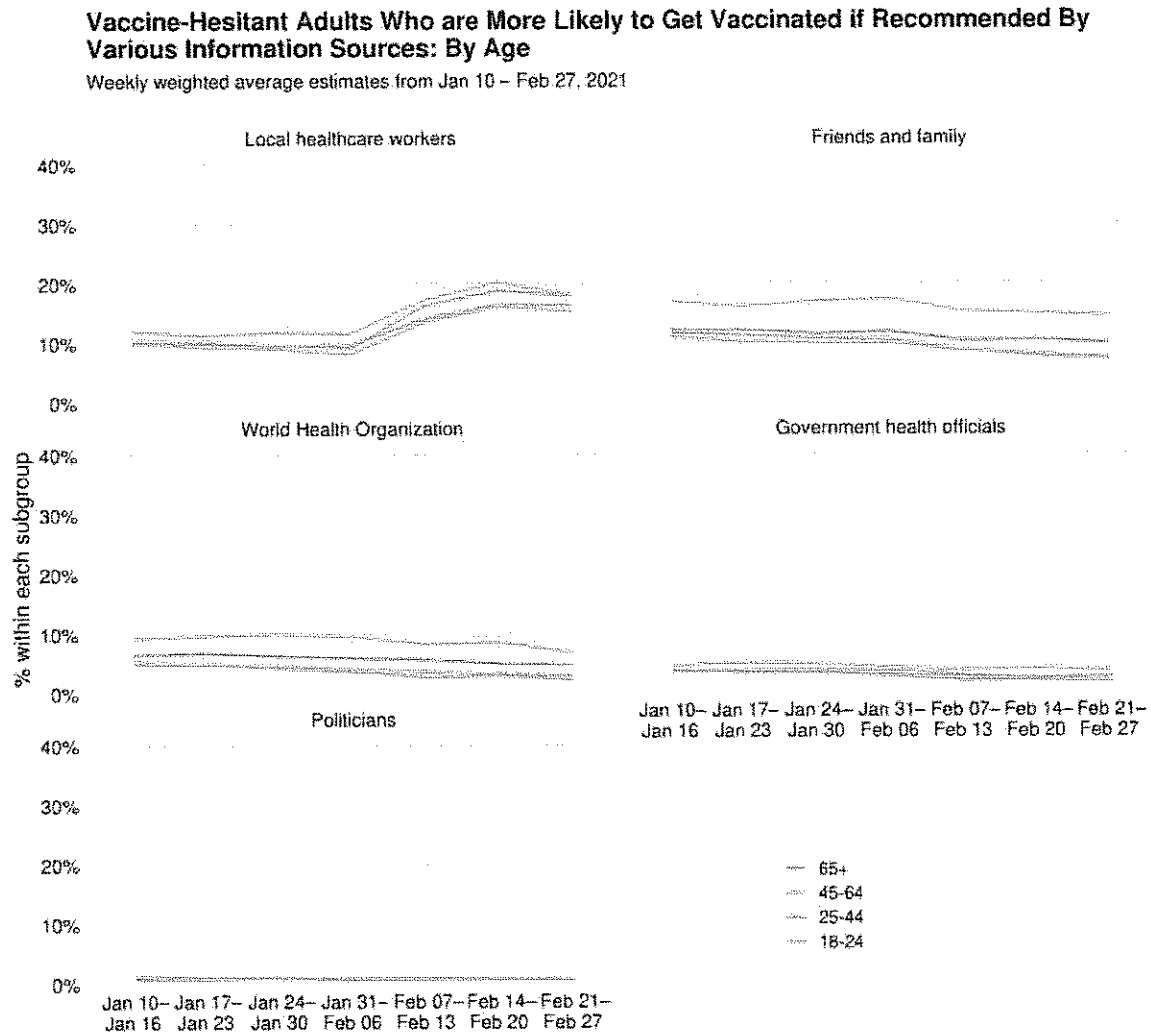


Shaded areas represent 95% confidence intervals. More likely to get vaccinated is defined using "V4a. Would you be more or less likely to get a COVID-19 vaccination if it were recommended to you by each of the following: Friends or family, local health workers, World Health Organization, government health officials, or politicians?" asked among respondents not yet vaccinated. Vaccine-hesitant is defined as "definitely not" or "probably not" choosing to get vaccinated in response to "V3. If a vaccine to prevent COVID-19 were offered to you today, would you choose to get vaccinated?" asked of survey respondents who were not yet vaccinated. Healthcare workers are defined as "Healthcare practitioners and technicians" in response to "Q64. Please select the occupational group that best fits the main kind of work you were doing in the last four weeks." Data are from the COVID-19 Symptom Survey collected by Carnegie Mellon University in partnership with Facebook, Jan 10 – Feb 27, 2021.

Figure 25: Vaccine-hesitant adults who are more likely to get vaccinated if recommended by various information sources, by healthcare worker status, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table E.1, Appendix E)

5.3 Influence of Information Sources: By Age

Trends by age are summarized in Figure 26 (below) and in Appendix E.

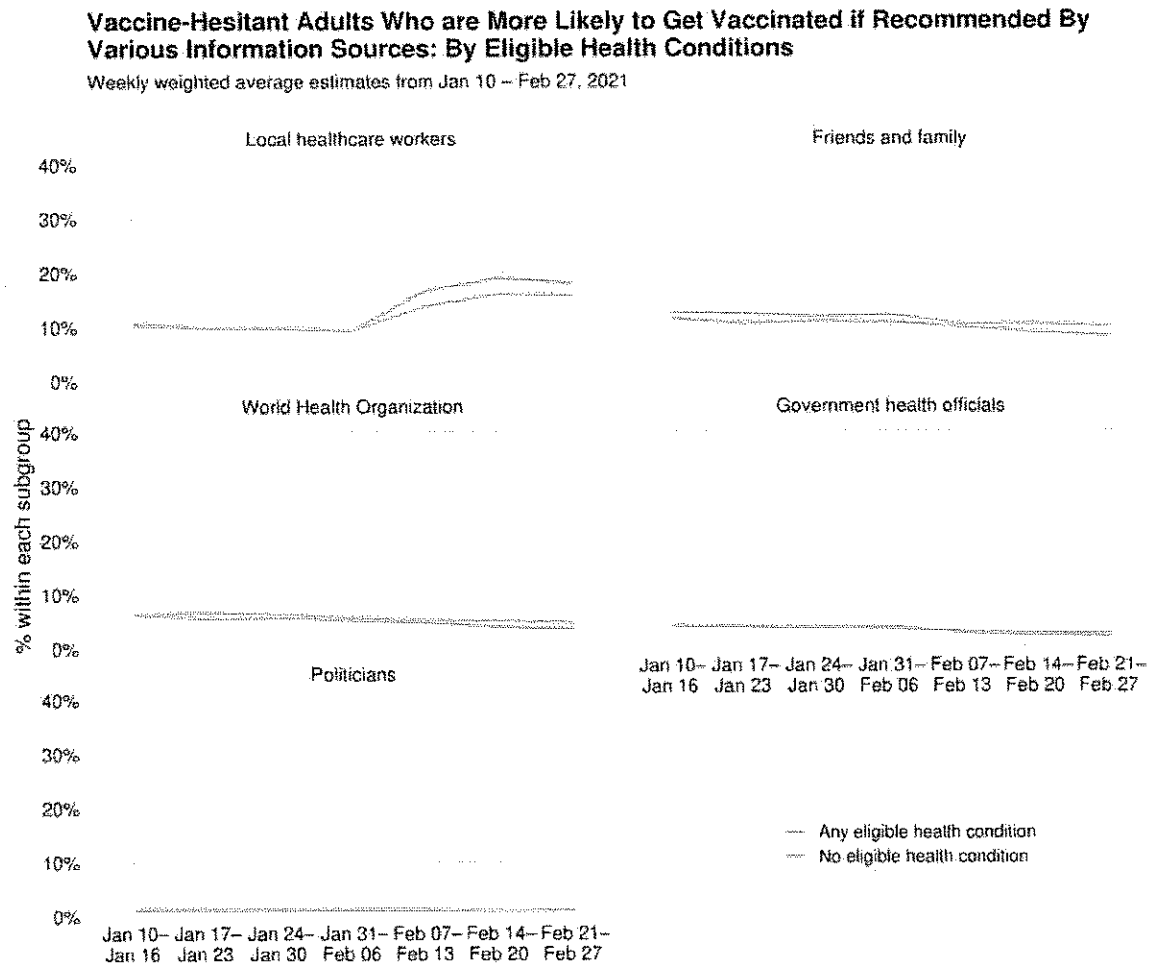


Shaded areas represent 95% confidence intervals. More likely to get vaccinated is defined using "V4a. Would you be more or less likely to get a COVID-19 vaccination if it were recommended to you by each of the following: Friends or family, local health workers, World Health Organization, government health officials, or politicians?" asked among respondents not yet vaccinated. Vaccine-hesitant is defined as "definitely not" or "probably not" choosing to get vaccinated in response to "V3. If a vaccine to prevent COVID-19 were offered to you today, would you choose to get vaccinated?" asked of survey respondents who were not yet vaccinated. Age group is defined using "D2. What is your age?" Data are from the COVID-19 Symptom Survey collected by Carnegie Mellon University in partnership with Facebook, Jan 10 – Feb 27, 2021.

Figure 26: Vaccine-hesitant adults who are more likely to get vaccinated if recommended by various information sources, by age, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table E.1, Appendix E)

5.4 Influence of Information Sources: By Eligible Health Conditions

Trends by eligible health conditions are summarized in Figure 27 (below) and in Appendix E.

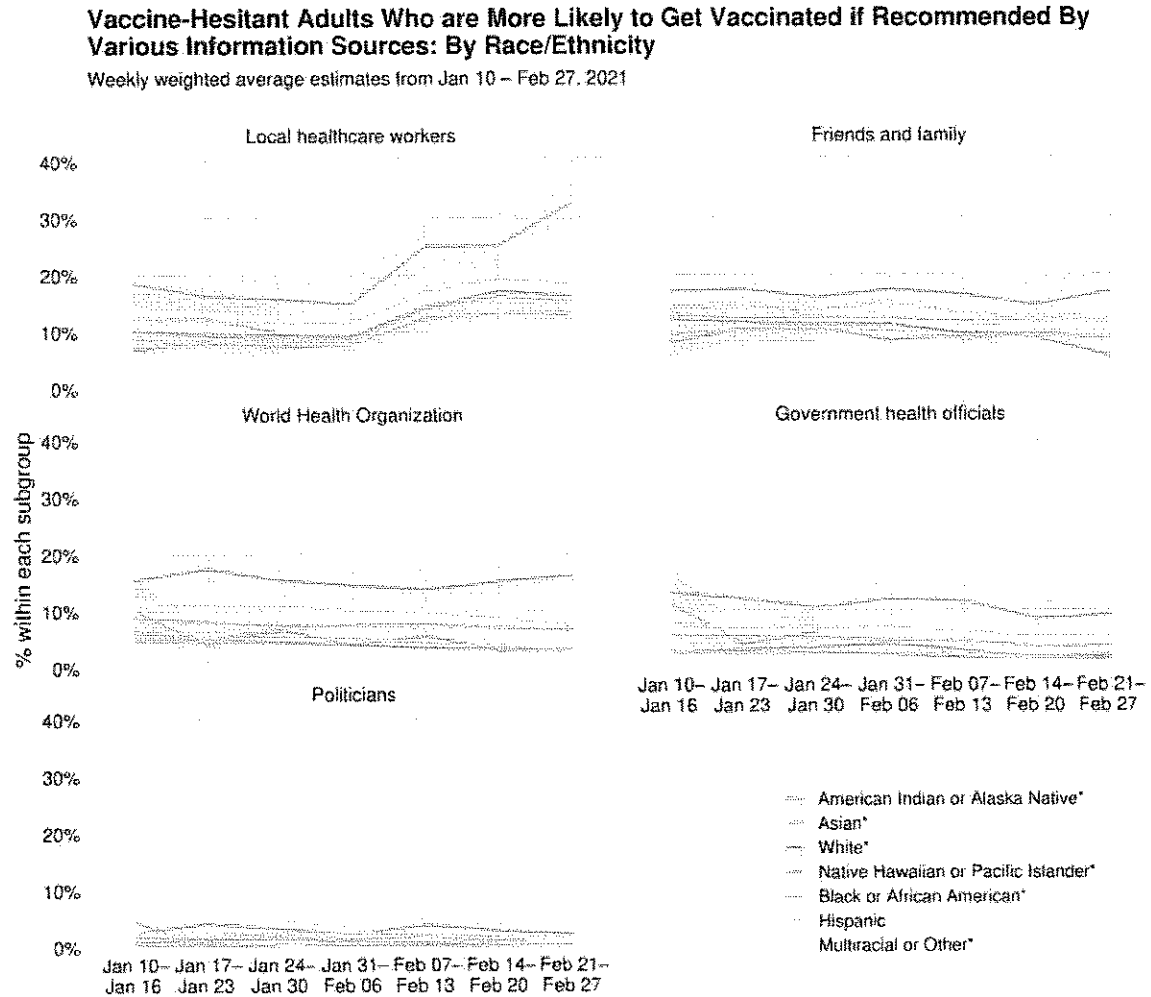


Shaded areas represent 95% confidence intervals. More likely to get vaccinated is defined using "V4a. Would you be more or less likely to get a COVID-19 vaccination if it were recommended to you by each of the following: Friends or family, local health workers, World Health Organization, government health officials, or politicians?" asked among respondents not yet vaccinated. Vaccine-hesitant is defined as "definitely not" or "probably not" choosing to get vaccinated in response to "V3. If a vaccine to prevent COVID-19 were offered to you today, would you choose to get vaccinated?" asked of survey respondents who were not yet vaccinated. Eligible health condition is defined as any of the following: cancer (other than skin cancer), heart disease (or heart attack or other heart condition), chronic lung disease (such as COPD, chronic bronchitis, or emphysema), kidney disease, diabetes (type 1 or 2), or weakened or compromised immune system. In response to "C1. Have you ever been told by a doctor, nurse, or other health professional that you have any of the following medical conditions? Please select all that apply." Data are from the COVID-19 Symptom Survey collected by Carnegie Mellon University in partnership with Facebook, Jan 10 – Feb 27, 2021.

Figure 27: Vaccine-hesitant adults who are more likely to get vaccinated if recommended by various information sources, by eligible health conditions, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table E.1, Appendix E)

5.5 Influence of Information Sources: By Race/Ethnicity

Trends by race/ethnicity are summarized in Figure 28 (below) and in Appendix E.

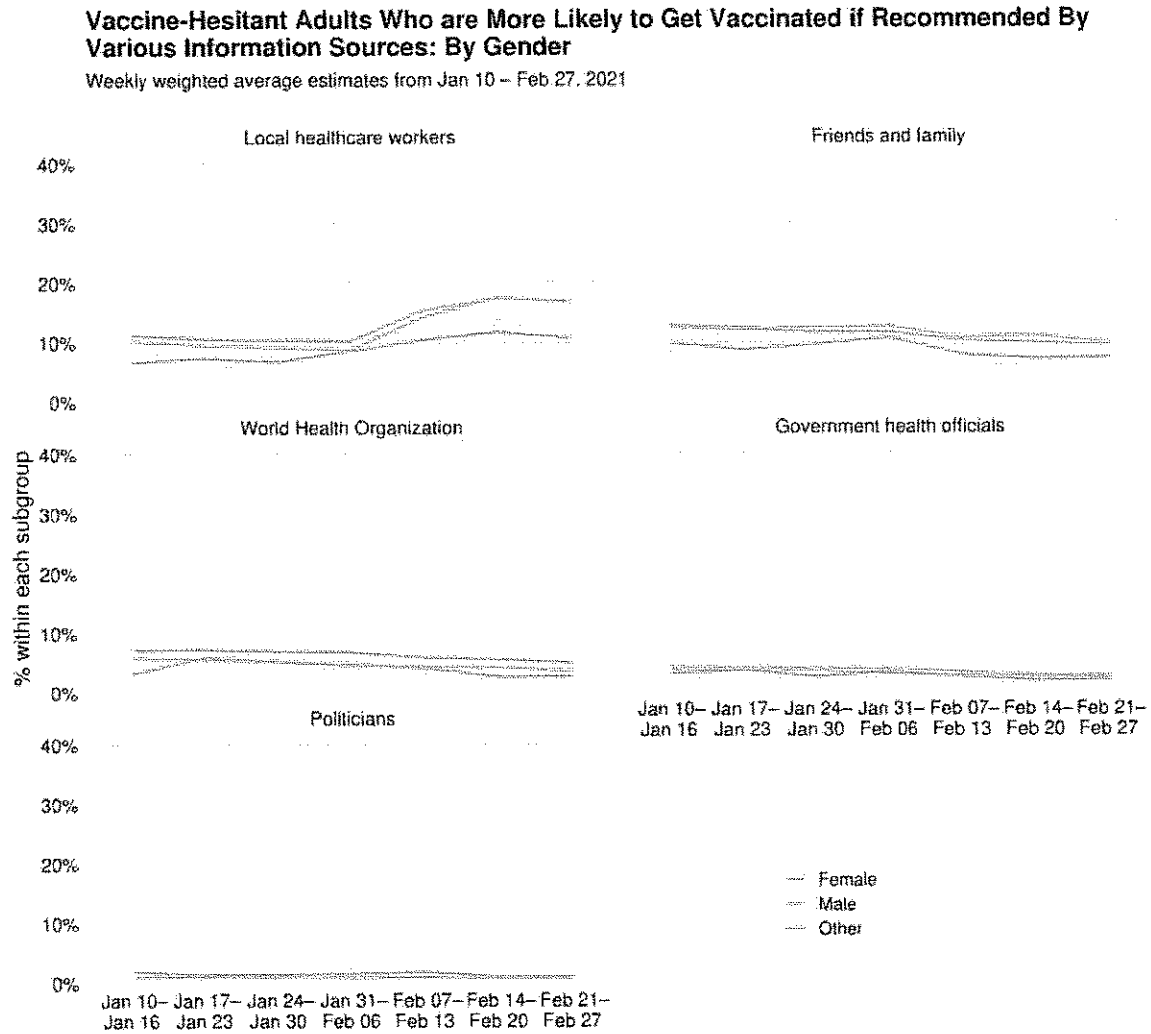


*Non-Hispanic, Native Hawaiian and Pacific Islander group is not reported consistently because not enough data were collected for aggregate reporting. Shaded areas represent 95% confidence intervals. More likely to get vaccinated is defined using "V4a. Would you be more or less likely to get a COVID-19 vaccination if it were recommended to you by each of the following: Friends or family, local health workers, World Health Organization, government health officials, or politicians?" asked among respondents not yet vaccinated. Vaccine-hesitant is defined as "definitely not" or "probably not" choosing to get vaccinated in response to "V3. If a vaccine to prevent COVID-19 were offered to you today, would you choose to get vaccinated?" asked of survey respondents who were not yet vaccinated. Race/ethnicity is defined using "D6. Are you of Hispanic, Latino, or Spanish origin?" and "D7. What is your race?" Data are from the COVID-19 Symptom Survey collected by Carnegie Mellon University in partnership with Facebook, Jan 10 – Feb 27, 2021.

Figure 28: Vaccine-hesitant adults who are more likely to get vaccinated if recommended by various information sources, by race/ethnicity, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table E.1, Appendix E)

5.6 Influence of Information Sources: By Gender

Trends by gender are summarized in Figure 29 (below) and in Appendix E.



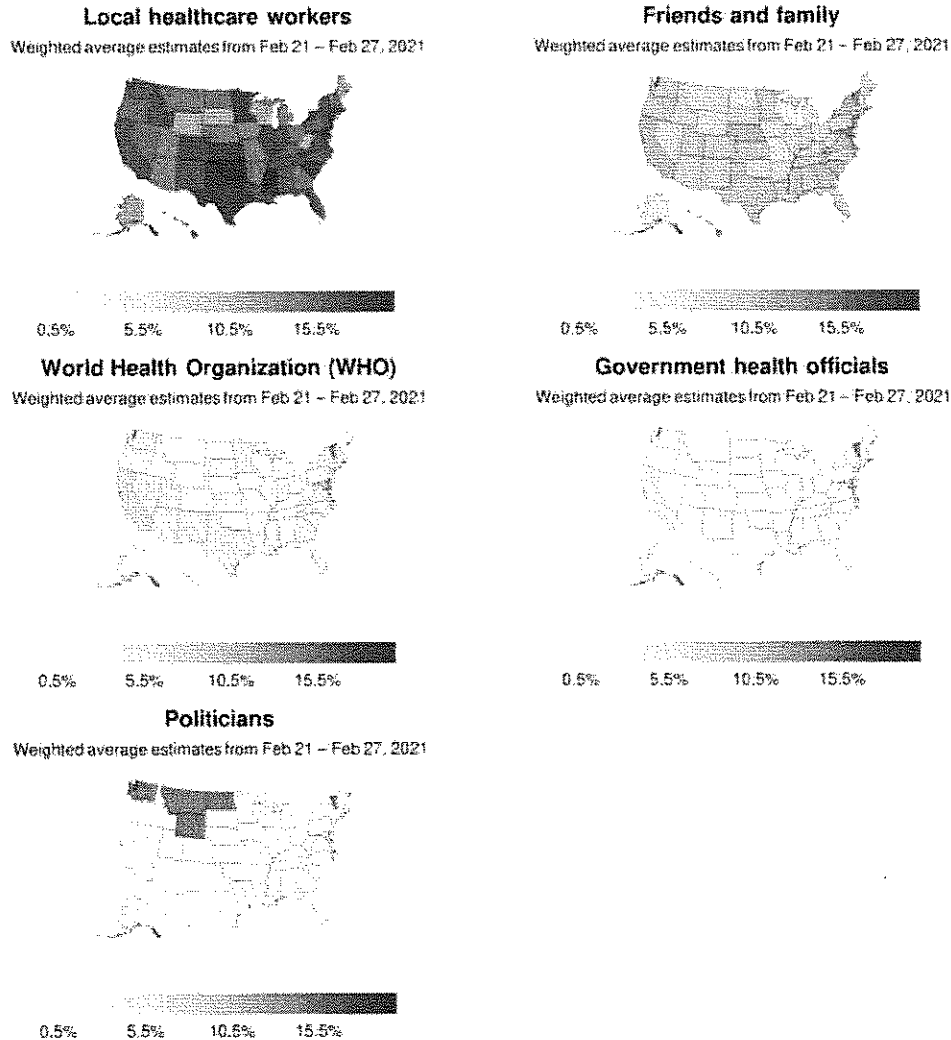
Shaded areas represent 95% confidence intervals. More likely to get vaccinated is defined using "V4a. Would you be more or less likely to get a COVID-19 vaccination if it were recommended to you by each of the following: Friends or family, local health workers, World Health Organization, government health officials, or politicians?" asked among respondents not yet vaccinated. Vaccine-hesitant is defined as "definitely not" or "probably not" choosing to get vaccinated in response to "V3. If a vaccine to prevent COVID-19 were offered to you today, would you choose to get vaccinated?" asked of survey respondents who were not yet vaccinated. Gender group is defined using "D1. What is your gender?" Data are from the COVID-19 Symptom Survey collected by Carnegie Mellon University in partnership with Facebook, Jan 10 – Feb 27, 2021.

Figure 29: Vaccine-hesitant adults who are more likely to get vaccinated if recommended by various information sources, by gender, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table E.1, Appendix E)

5.7 Influence of Information Sources: By State

Trends by state are summarized in Figure 30 (below) and in Appendix E.

Vaccine-Hesitant Adults Who are More Likely to Get Vaccinated if Recommended by:



Grey areas indicate states not reported because not enough data were collected for aggregate reporting.
% More likely to get vaccinated is defined using "V4a. Would you be more or less likely to get a COVID-19 vaccination if it were recommended to you by each of the following: Friends or family, local health workers, World Health Organization, government health officials, or politicians?" asked among respondents not yet vaccinated. Vaccine-hesitant is defined as "definitely not" or "probably not" choosing to get vaccinated in response to "V3. If a vaccine to prevent COVID-19 were offered to you today, would you choose to get vaccinated?" asked of survey respondents who were not yet vaccinated. Data from the COVID-19 Symptom Survey collected by Carnegie Mellon University in partnership with Facebook, Feb 21 – Feb 27, 2021.

Figure 30: Vaccine-hesitant adults who are more likely to get vaccinated if recommended by various information sources, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in Table E.1, Appendix E)

Appendices

A. Overview and Methods

A.1 About the COVID-19 Symptom Surveys Conducted by Carnegie Mellon University and University of Maryland in Partnership with Facebook

Currently, Facebook users in the United States are invited daily to take a survey overseen by the Delphi Group. This is the largest ongoing COVID-19 survey in the United States (and likely the largest real-time survey ever conducted), with over 50,000 responses collected daily and over 18 million total responses collected since its launch in April 2020. The survey is also conducted globally by faculty at the University of Maryland (UMD) Joint Program in Survey Methodology (JPSM) in partnership with Facebook, and we are currently inviting Facebook users in more than 200 countries and territories globally to take the survey. Sampled users see the invitation at the top of their News Feed, but the surveys are collected off the Facebook platform and the Facebook company does not collect or receive survey responses.

A.2 About the Researchers

The Delphi Group at CMU was founded in 2012 with the goal of developing the theory and practice of epidemiological forecasting. This project is part of its vision of making epidemiological forecasting as universally accepted and useful as weather forecasting is today. More information is available at <https://delphi.cmu.edu/>.

A.3 Survey Information

- Real-time aggregate survey results for the United States are available at <https://delphi.cmu.edu/covidcast/survey-results/>.
- Documentation about the United States survey and procedures is online at <https://cmu-delphi.github.io/delphi-epidata/symptom-survey/>.
- The aggregate data underlying this report is available for download at <https://cmu-delphi.github.io/delphi-epidata/symptom-survey/contingency-tables.html>
- Academic and nonprofit researchers may request access to non-public, non-aggregated data for their research.
- More details about data access can be found here: <https://dataforgood.fb.com/docs/covid-19-symptom-survey-request-for-data-access/>.

A.4 Questionnaire

The survey instrument is maintained by CMU, which partners with the broader public health community. The survey asks users about any current symptoms as well as other factors related to their experiences during the pandemic. The instrument is translated

into English, simplified Chinese, French, Brazilian Portuguese, Spanish, and Vietnamese.

A.5 Survey Weights

The Facebook company provides sample weights that adjust for non-response and coverage biases. By non-response bias, we mean that some sampled users are more likely to respond to the survey than others. To adjust for this, Facebook calculates the inverse probability that sampled users complete the survey using their self-reported age and gender as well as other characteristics we know correlate with non-response. We then use these inverse probabilities to create weights for responses, after which the survey sample reflects the active adult user population on the Facebook app. By coverage bias, we mean that not everyone in every country has a Facebook app account or uses their account regularly. To adjust for this, Facebook adjusts the weights created in the first step even further so that the distribution of age, gender, and state of residence in the survey sample reflects that of the general population. Making adjustments using the weights ensures that the sample more accurately reflects the characteristics of the target population represented. More details can be found in our weighting documentation here: <https://research.fb.com/publications/weights-and-methodology-brief-for-the-covid-19-symptom-survey-by-university-of-maryland-and-carnegie-mellon-university-in-partnership-with-facebook/>.

A.6 Limitations

The Symptom Survey weighted population estimates for characteristics such as age, gender, and certain chronic conditions are generally comparable to estimates from other data sources at both the national and state level. However, our survey population may still over- or under-represent certain subpopulations or characteristics related to education, race, and occupation because we do not account for these characteristics in the weighting of our survey responses. In particular, the weighted sample is slightly under-representative of low-education adults as well as Black or African American and Hispanic adults.

While the trends in vaccination uptake from the Symptom Survey may be comparable to trends from other data sources on vaccine dose administration, the exact percentages of vaccination uptake from the Symptom Survey may differ from other data sources and should not be treated as authoritative. When comparing with official estimates, differences may stem from a reporting lag. When comparing with other survey estimates, differences may stem from differences in the instrument, sampling or weighting methodologies. For example, while many of the Symptom Survey questions on COVID-19 vaccines were developed in collaboration with the CDC to match their instruments, there may be differences in estimates from the Symptom Survey and estimates from other surveys fielding the same items such as the Census Bureau Household Pulse Survey due to small differences in question wording, as well as differences in the weighting variables used.

B. Table of COVID-19 Vaccination Uptake and Intent

Table B.1. Weekly weighted percentages (standard error) of COVID-19 vaccination uptake and intent, Jan 10 – Feb 27, 2021

	Jan 10– Jan 16	Jan 17– Jan 23	Jan 24– Jan 30	Jan 31– Feb 06	Feb 07– Feb 13	Feb 14– Feb 20	Feb 21– Feb 27
Overall (Total N=1,940,271)							
Received a vaccination	8.1 (<0.1)	11.5 (0.1)	15.1 (0.1)	18.8 (0.1)	22.5 (0.1)	26.0 (0.1)	29.1 (0.1)
Did not receive a vaccination and accepting	64.3 (0.1)	62.2 (0.1)	59.6 (0.1)	56.3 (0.1)	53.3 (0.1)	50.5 (0.1)	47.9 (0.1)
Did not receive a vaccination and hesitant	24.8 (0.1)	23.9 (0.1)	23.0 (0.1)	22.9 (0.1)	23.2 (0.1)	23.0 (0.1)	22.5 (0.1)
Did not receive a vaccination and skipped question on intent	2.7 (<0.1)	2.4 (<0.1)	2.2 (<0.1)	2.0 (<0.1)	1.0 (<0.1)	0.5 (<0.1)	0.5 (<0.1)
By Healthcare Worker Status:							
Healthcare Workers (Total N=153,805)							
Received a vaccination	53.0 (0.3)	59.2 (0.3)	63.0 (0.3)	65.9 (0.3)	68.4 (0.3)	70.1 (0.3)	70.9 (0.3)
Did not receive a vaccination and accepting	28.2 (0.3)	23.5 (0.3)	20.6 (0.3)	17.9 (0.3)	15.6 (0.3)	14.2 (0.2)	14.1 (0.3)
Did not receive a vaccination and hesitant	18.7 (0.2)	17.3 (0.2)	16.4 (0.2)	16.1 (0.3)	15.9 (0.3)	15.7 (0.3)	14.9 (0.3)
Did not receive a vaccination and skipped question on intent	0.1 (<0.1)	<0.1 (<0.1)	0.1 (<0.1)	<0.1 (<0.1)	<0.1 (<0.1)	0.1 (<0.1)	<0.1 (<0.1)
Non-Healthcare Workers (Total N=744,994)							
Received a vaccination	4.5 (0.1)	6.9 (0.1)	9.8 (0.1)	12.6 (0.1)	15.9 (0.1)	19.0 (0.1)	21.8 (0.1)
Did not receive a vaccination and accepting	69.5 (0.1)	67.9 (0.1)	65.7 (0.1)	63.0 (0.2)	60.0 (0.2)	56.9 (0.2)	54.5 (0.2)
Did not receive a vaccination and hesitant	25.9 (0.1)	25.1 (0.1)	24.3 (0.1)	24.3 (0.1)	24.1 (0.1)	24.0 (0.1)	23.7 (0.1)
Did not receive a vaccination and skipped question on intent	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)
By Age:							
65+ years (Total N=466,737)							
Received a vaccination	8.8 (0.1)	16.9 (0.1)	26.9 (0.2)	36.6 (0.2)	46.8 (0.2)	55.5 (0.2)	62.4 (0.2)

Did not receive a vaccination and accepting	78.4 (0.2)	71.2 (0.2)	62.0 (0.2)	52.3 (0.2)	42.7 (0.2)	34.2 (0.2)	28.1 (0.2)
Did not receive a vaccination and hesitant	12.6 (0.1)	11.7 (0.1)	10.9 (0.1)	11.0 (0.1)	10.4 (0.1)	10.2 (0.1)	9.4 (0.1)
Did not receive a vaccination and skipped question on intent	0.2 (<0.1)	0.2 (<0.1)	0.2 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)
45-64 years (Total N=652,296)							
Received a vaccination	8.8 (0.1)	11.5 (0.1)	13.7 (0.1)	16.3 (0.1)	19.2 (0.1)	21.7 (0.1)	24.3 (0.1)
Did not receive a vaccination and accepting	68.4 (0.1)	66.6 (0.1)	64.9 (0.2)	62.5 (0.2)	59.8 (0.2)	57.5 (0.2)	55.0 (0.2)
Did not receive a vaccination and hesitant	22.6 (0.1)	21.7 (0.1)	21.3 (0.1)	21.0 (0.1)	20.9 (0.1)	20.7 (0.1)	20.6 (0.1)
Did not receive a vaccination and skipped question on intent	0.2 (<0.1)	0.2 (<0.1)	0.2 (<0.1)	0.2 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)
25-44 years (Total N=522,148)							
Received a vaccination	9.0 (0.1)	11.0 (0.1)	13.2 (0.1)	15.2 (0.1)	17.0 (0.1)	19.4 (0.2)	21.0 (0.2)
Did not receive a vaccination and accepting	61.0 (0.2)	59.9 (0.2)	59.0 (0.2)	57.1 (0.2)	55.4 (0.2)	53.4 (0.2)	52.2 (0.2)
Did not receive a vaccination and hesitant	29.9 (0.2)	29.1 (0.2)	27.8 (0.2)	27.5 (0.2)	27.5 (0.2)	27.1 (0.2)	26.7 (0.2)
Did not receive a vaccination and skipped question on intent	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)
18-24 years (Total N=77,652)							
Received a vaccination	5.5 (0.2)	6.6 (0.2)	7.9 (0.2)	9.4 (0.3)	10.4 (0.3)	11.0 (0.3)	12.5 (0.3)
Did not receive a vaccination and accepting	59.9 (0.4)	60.2 (0.4)	59.9 (0.5)	58.0 (0.5)	57.9 (0.5)	57.2 (0.5)	56.9 (0.5)
Did not receive a vaccination and hesitant	34.6 (0.4)	33.3 (0.4)	32.2 (0.4)	32.6 (0.5)	31.6 (0.5)	31.8 (0.5)	30.6 (0.5)
Did not receive a vaccination and skipped question on intent	0.1 (<0.1)	<0.1 (<0.1)	<0.1 (<0.1)	<0.1 (<0.1)	<0.1 (<0.1)	<0.1 (<0.1)	<0.1 (<0.1)
By Eligible Health Conditions:							
Any Eligible Health Condition (Total N=583,012)							
Received a vaccination	7.9 (0.1)	12.4 (0.1)	17.7 (0.1)	23.0 (0.2)	28.3 (0.2)	33.0 (0.2)	37.3 (0.2)
Did not receive a vaccination and accepting	71.4 (0.2)	67.5 (0.2)	63.2 (0.2)	57.9 (0.2)	52.3 (0.2)	48.0 (0.2)	44.2 (0.2)
Did not receive a vaccination and hesitant	20.5 (0.1)	19.9 (0.1)	18.9 (0.1)	18.9 (0.1)	19.3 (0.1)	18.9 (0.1)	18.4 (0.1)
Did not receive a vaccination and skipped question on intent	0.3 (<0.1)	0.2 (<0.1)	0.2 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)
No Eligible Health Condition (Total N=1,278,754)							

Received a vaccination 8.6 (0.1) 11.5 (0.1) 14.7 (0.1) 17.9 (0.1) 21.3 (0.1) 24.5 (0.1) 27.1 (0.1)

Did not receive a vaccination and accepting 64.2 (0.1) 62.4 (0.1) 60.2 (0.1) 57.2 (0.1) 54.4 (0.1) 51.6 (0.1) 49.5 (0.1)

Did not receive a vaccination and hesitant 27.0 (0.1) 26.0 (0.1) 25.0 (0.1) 24.8 (0.1) 24.2 (0.1) 23.8 (0.1) 23.3 (0.1)

Did not receive a vaccination and skipped question on intent 0.2 (<0.1) 0.1 (<0.1) 0.1 (<0.1) 0.1 (<0.1) 0.1 (<0.1) 0.1 (<0.1) 0.1 (<0.1)

By Race/Ethnicity:

Hispanic (Total N=208,134)

Received a vaccination 6.4 (0.1) 8.3 (0.2) 10.5 (0.2) 12.9 (0.2) 15.2 (0.2) 17.3 (0.2) 19.8 (0.2)

Did not receive a vaccination and accepting 67.8 (0.3) 67.4 (0.3) 66.4 (0.3) 64.7 (0.3) 62.3 (0.3) 61.4 (0.3) 59.1 (0.3)

Did not receive a vaccination and hesitant 25.5 (0.2) 24.1 (0.2) 22.9 (0.2) 22.3 (0.2) 22.3 (0.2) 21.2 (0.2) 20.9 (0.3)

Did not receive a vaccination and skipped question on intent 0.3 (<0.1) 0.2 (<0.1) 0.2 (<0.1) 0.2 (<0.1) 0.1 (<0.1) 0.1 (<0.1) 0.1 (<0.1)

American Indian or Alaska Native* (Total N=17,758)

Received a vaccination 12.8 (0.6) 16.0 (0.7) 21.8 (0.8) 25.3 (0.9) 32.2 (0.9) 34.0 (1.0) 37.2 (1.0)

Did not receive a vaccination and accepting 54.9 (0.9) 52.0 (1.0) 47.8 (0.9) 43.0 (1.0) 39.5 (1.0) 36.0 (1.0) 33.2 (1.0)

Did not receive a vaccination and hesitant 32.1 (0.9) 31.8 (0.9) 30.2 (0.9) 31.7 (0.9) 28.2 (0.9) 29.8 (0.9) 29.5 (1.0)

Did not receive a vaccination and skipped question on intent 0.2 (0.1) 0.2 (0.1) 0.2 (0.1) <0.1 (<0.1) 0.1 (0.1) 0.2 (0.1) <0.1 (<0.1)

Asian* (Total N=36,362)

Received a vaccination 11.9 (0.4) 14.9 (0.5) 18.9 (0.5) 22.4 (0.6) 26.3 (0.6) 28.8 (0.6) 32.0 (0.7)

Did not receive a vaccination and accepting 77.0 (0.6) 73.6 (0.6) 70.7 (0.6) 67.5 (0.7) 64.1 (0.7) 62.0 (0.7) 59.9 (0.7)

Did not receive a vaccination and hesitant 10.9 (0.4) 11.5 (0.4) 10.4 (0.4) 10.0 (0.4) 9.6 (0.4) 9.0 (0.4) 8.0 (0.4)

Did not receive a vaccination and skipped question on intent 0.2 (0.1) 0.1 (<0.1) 0.1 (<0.1) 0.1 (<0.1) 0.1 (<0.1) 0.2 (0.1) 0.1 (<0.1)

Black or African American* (Total N=112,239)

Received a vaccination 6.3 (0.2) 9.7 (0.2) 12.6 (0.3) 16.7 (0.3) 20.3 (0.3) 23.1 (0.3) 27.1 (0.4)

Did not receive a vaccination and accepting 53.8 (0.4) 53.7 (0.4) 53.2 (0.4) 51.1 (0.4) 49.3 (0.4) 46.3 (0.4) 44.0 (0.4)

Did not receive a vaccination and hesitant 39.6 (0.4) 36.4 (0.4) 34.0 (0.4) 31.9 (0.4) 30.2 (0.4) 30.4 (0.4) 28.7 (0.4)

Did not receive a vaccination and skipped question on intent	0.3 (<0.1)	0.2 (<0.1)	0.3 (<0.1)	0.3 (<0.1)	0.2 (<0.1)	0.3 (<0.1)	0.2 (<0.1)	0.2 (<0.1)
Native Hawaiian or Pacific Islander* (Total N=3,580)								
Received a vaccination	9.6 (1.2)	12.5 (1.4)	15.6 (1.6)	19.2 (1.8)	18.8 (1.7)	25.5 (2.0)	30.9 (2.1)	
Did not receive a vaccination and accepting	59.9 (2.0)	56.3 (2.1)	56.5 (2.2)	58.5 (2.3)	55.5 (2.2)	54.9 (2.2)	45.3 (2.3)	
Did not receive a vaccination and hesitant	30.1 (1.9)	31.1 (2.0)	27.9 (2.0)	22.3 (1.9)	25.4 (1.9)	19.5 (1.8)	23.5 (1.9)	
Did not receive a vaccination and skipped question on intent	0.5 (0.3)	0.2 (0.2)	<0.1 (0.1)	0.1 (0.1)	0.2 (0.2)	0.1 (0.1)	0.3 (0.3)	
Multiracial or Other* (Total N=59,081)								
Received a vaccination	6.2 (0.3)	8.9 (0.3)	10.3 (0.3)	13.2 (0.4)	14.9 (0.4)	17.5 (0.4)	19.4 (0.4)	
Did not receive a vaccination and accepting	53.7 (0.5)	52.2 (0.5)	49.9 (0.5)	48.0 (0.6)	46.9 (0.6)	44.5 (0.6)	41.9 (0.6)	
Did not receive a vaccination and hesitant	39.8 (0.5)	38.8 (0.5)	39.7 (0.5)	38.7 (0.6)	38.0 (0.5)	37.7 (0.5)	38.5 (0.5)	
Did not receive a vaccination and skipped question on intent	0.3 (0.1)	0.2 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.2 (<0.1)	0.2 (0.1)	0.1 (<0.1)	
White* (Total N=1,266,112)								
Received a vaccination	9.2 (0.1)	13.0 (0.1)	17.4 (0.1)	21.6 (0.1)	26.0 (0.1)	30.3 (0.1)	33.6 (0.1)	
Did not receive a vaccination and accepting	69.0 (0.1)	65.8 (0.1)	62.2 (0.1)	57.8 (0.1)	53.5 (0.1)	49.4 (0.1)	46.6 (0.1)	
Did not receive a vaccination and hesitant	21.8 (0.1)	21.1 (0.1)	20.3 (0.1)	20.6 (0.1)	20.4 (0.1)	20.3 (0.1)	19.7 (0.1)	
Did not receive a vaccination and skipped question on intent	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	
By Gender:								
Female (Total N=1,141,341)								
Received a vaccination	9.7 (0.1)	13.5 (0.1)	17.5 (0.1)	21.7 (0.1)	25.9 (0.1)	29.8 (0.1)	33.1 (0.1)	
Did not receive a vaccination and accepting	65.3 (0.1)	62.8 (0.1)	60.0 (0.1)	56.1 (0.1)	52.5 (0.1)	49.0 (0.1)	46.4 (0.1)	
Did not receive a vaccination and hesitant	24.8 (0.1)	23.6 (0.1)	22.4 (0.1)	22.0 (0.1)	21.5 (0.1)	21.1 (0.1)	20.3 (0.1)	
Did not receive a vaccination and skipped question on intent	0.2 (<0.1)	0.2 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	
Male (Total N=547,981)								
Received a vaccination	7.3 (0.1)	10.4 (0.1)	14.1 (0.1)	17.6 (0.1)	21.4 (0.1)	24.9 (0.2)	28.1 (0.2)	

Did not receive a vaccination and accepting	70.1 (0.2)	67.6 (0.2)	64.6 (0.2)	61.0 (0.2)	57.1 (0.2)	53.7 (0.2)	51.0 (0.2)
Did not receive a vaccination and hesitant	22.5 (0.1)	21.9 (0.1)	21.3 (0.1)	21.3 (0.2)	21.4 (0.1)	21.2 (0.1)	20.9 (0.1)
Did not receive a vaccination and skipped question on intent	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)	0.1 (<0.1)
Other (Total N=17,167)							
Received a vaccination	4.9 (0.4)	7.3 (0.5)	8.7 (0.6)	9.8 (0.6)	10.6 (0.6)	13.3 (0.7)	13.6 (0.7)
Did not receive a vaccination and accepting	59.5 (1.0)	56.6 (1.0)	56.2 (1.0)	52.4 (1.0)	52.1 (1.0)	51.1 (1.0)	49.1 (1.0)
Did not receive a vaccination and hesitant	35.3 (0.9)	35.9 (1.0)	35.0 (0.9)	37.7 (1.0)	37.0 (1.0)	35.4 (1.0)	37.2 (1.0)
Did not receive a vaccination and skipped question on intent	0.2 (0.1)	0.2 (0.1)	0.1 (0.1)	0.1 (0.1)	0.3 (0.1)	0.1 (0.1)	0.1 (0.1)
By State:							
Alabama (Total N=28,806)							
Received a vaccination	5.8 (0.3)	8.4 (0.4)	10.9 (0.5)	15.7 (0.6)	19.1 (0.6)	24.8 (0.7)	26.1 (0.7)
Did not receive a vaccination and accepting	56.2 (0.7)	56.4 (0.7)	52.4 (0.8)	49.9 (0.8)	46.6 (0.8)	43.2 (0.8)	41.6 (0.8)
Did not receive a vaccination and hesitant	34.6 (0.7)	32.7 (0.7)	33.6 (0.7)	32.4 (0.8)	33.1 (0.7)	31.6 (0.7)	31.7 (0.8)
Did not receive a vaccination and skipped question on intent	3.5 (0.3)	2.5 (0.2)	3.0 (0.3)	2.0 (0.2)	1.2 (0.2)	0.5 (0.1)	0.5 (0.1)
Alaska (Total N=5,973)							
Received a vaccination	20.4 (1.3)	26.6 (1.5)	35.0 (1.6)	32.9 (1.7)	40.8 (1.7)	48.1 (1.7)	51.3 (1.7)
Did not receive a vaccination and accepting	50.5 (1.7)	48.4 (1.7)	39.2 (1.6)	43.3 (1.8)	34.4 (1.6)	33.0 (1.6)	27.5 (1.6)
Did not receive a vaccination and hesitant	27.0 (1.5)	23.9 (1.4)	24.6 (1.4)	22.8 (1.5)	24.4 (1.5)	18.6 (1.4)	20.6 (1.4)
Did not receive a vaccination and skipped question on intent	2.2 (0.5)	1.1 (0.3)	1.1 (0.4)	1.0 (0.3)	0.4 (0.2)	0.3 (0.2)	0.6 (0.3)
Arizona (Total N=39,842)							
Received a vaccination	6.4 (0.3)	10.5 (0.4)	16.3 (0.5)	19.0 (0.5)	26.2 (0.6)	30.1 (0.6)	33.7 (0.7)
Did not receive a vaccination and accepting	65.9 (0.6)	63.8 (0.6)	58.7 (0.6)	54.8 (0.7)	50.6 (0.7)	48.2 (0.7)	43.3 (0.7)
Did not receive a vaccination and hesitant	25.3 (0.5)	23.7 (0.5)	23.2 (0.5)	24.4 (0.6)	22.4 (0.6)	21.4 (0.6)	22.5 (0.6)
Did not receive a vaccination and skipped question on intent	2.4 (0.2)	2.0 (0.2)	1.8 (0.2)	1.8 (0.2)	0.8 (0.1)	0.3 (0.1)	0.4 (0.1)
Arkansas (Total N=19,912)							

Received a vaccination	9.4 (0.5)	13.4 (0.6)	18.4 (0.7)	20.1 (0.8)	24.8 (0.8)	25.9 (0.8)	28.1 (0.9)
Did not receive a vaccination and accepting	56.0 (0.9)	55.3 (0.9)	52.2 (0.9)	48.5 (1.0)	45.7 (1.0)	44.4 (1.0)	42.8 (1.0)
Did not receive a vaccination and hesitant	31.3 (0.8)	28.7 (0.8)	27.5 (0.8)	29.9 (0.9)	28.5 (0.9)	29.6 (0.9)	28.5 (0.9)
Did not receive a vaccination and skipped question on intent	3.2 (0.3)	2.6 (0.3)	2.0 (0.3)	1.5 (0.2)	1.0 (0.2)	0.2 (0.1)	0.5 (0.1)
California (Total N=173,342)							
Received a vaccination	5.8 (0.1)	9.6 (0.2)	13.4 (0.2)	17.2 (0.3)	21.2 (0.3)	25.5 (0.3)	29.4 (0.3)
Did not receive a vaccination and accepting	71.8 (0.3)	69.2 (0.3)	66.5 (0.3)	63.5 (0.3)	60.2 (0.3)	57.2 (0.3)	53.3 (0.3)
Did not receive a vaccination and hesitant	19.5 (0.2)	18.5 (0.2)	17.4 (0.2)	17.2 (0.3)	17.7 (0.3)	16.8 (0.2)	16.9 (0.3)
Did not receive a vaccination and skipped question on intent	3.0 (0.1)	2.7 (0.1)	2.7 (0.1)	2.1 (0.1)	1.0 (0.1)	0.5 (<0.1)	0.4 (<0.1)
Colorado (Total N=35,073)							
Received a vaccination	9.2 (0.4)	11.6 (0.4)	14.8 (0.5)	17.0 (0.5)	21.6 (0.6)	26.3 (0.6)	29.2 (0.7)
Did not receive a vaccination and accepting	68.0 (0.6)	66.4 (0.7)	64.3 (0.7)	62.2 (0.7)	57.5 (0.7)	53.1 (0.7)	51.4 (0.7)
Did not receive a vaccination and hesitant	20.5 (0.5)	20.5 (0.6)	19.2 (0.5)	19.5 (0.6)	20.2 (0.6)	20.1 (0.6)	19.2 (0.6)
Did not receive a vaccination and skipped question on intent	2.3 (0.2)	1.5 (0.2)	1.7 (0.2)	1.2 (0.2)	0.8 (0.1)	0.4 (0.1)	0.2 (0.1)
Connecticut (Total N=27,937)							
Received a vaccination	10.1 (0.5)	13.0 (0.5)	16.9 (0.6)	20.9 (0.7)	23.3 (0.7)	28.1 (0.7)	31.9 (0.8)
Did not receive a vaccination and accepting	71.7 (0.7)	67.3 (0.7)	64.4 (0.7)	61.1 (0.8)	60.2 (0.8)	57.5 (0.8)	53.2 (0.8)
Did not receive a vaccination and hesitant	15.7 (0.5)	17.6 (0.6)	16.5 (0.6)	15.9 (0.6)	16.1 (0.6)	14.0 (0.6)	14.4 (0.6)
Did not receive a vaccination and skipped question on intent	2.5 (0.2)	2.0 (0.2)	2.2 (0.2)	2.1 (0.2)	0.5 (0.1)	0.3 (0.1)	0.5 (0.1)
Delaware (Total N=8,661)							
Received a vaccination	6.0 (0.6)	14.6 (1.0)	18.5 (1.1)	20.4 (1.2)	23.2 (1.3)	26.9 (1.3)	31.5 (1.4)
Did not receive a vaccination and accepting	67.1 (1.3)	61.9 (1.3)	59.3 (1.4)	54.3 (1.4)	55.4 (1.5)	49.3 (1.4)	46.9 (1.5)
Did not receive a vaccination and hesitant	24.5 (1.2)	20.6 (1.1)	20.0 (1.1)	24.2 (1.2)	20.6 (1.2)	23.2 (1.2)	21.2 (1.2)
Did not receive a vaccination and skipped question on intent	2.5 (0.4)	3.0 (0.5)	2.2 (0.4)	1.1 (0.3)	0.9 (0.3)	0.6 (0.2)	0.5 (0.2)
District Of Columbia (Total N=3,166)							
Received a vaccination	6.7 (1.2)	10.1 (1.4)	14.7 (1.7)	17.9 (1.8)	20.4 (1.9)	24.9 (2.1)	25.5 (2.1)

Did not receive a vaccination and accepting	80.1 (1.9)	77.7 (1.9)	70.9 (2.1)	72.5 (2.1)	70.2 (2.2)	65.1 (2.3)	65.5 (2.3)
Did not receive a vaccination and hesitant	11.6 (1.5)	9.6 (1.4)	13.2 (1.6)	9.0 (1.3)	8.6 (1.3)	9.4 (1.4)	8.9 (1.4)
Did not receive a vaccination and skipped question on intent	1.6 (0.6)	2.6 (0.8)	1.2 (0.5)	0.6 (0.4)	0.8 (0.4)	0.7 (0.4)	0.1 (0.1)
Florida (Total N=126,605)							
Received a vaccination	9.1 (0.2)	12.3 (0.2)	15.0 (0.3)	17.7 (0.3)	20.1 (0.3)	23.5 (0.3)	25.4 (0.3)
Did not receive a vaccination and accepting	60.5 (0.4)	58.1 (0.4)	56.4 (0.4)	54.6 (0.4)	51.5 (0.4)	49.0 (0.4)	47.7 (0.4)
Did not receive a vaccination and hesitant	27.6 (0.3)	26.9 (0.3)	26.3 (0.3)	25.5 (0.3)	27.5 (0.3)	27.0 (0.3)	26.5 (0.3)
Did not receive a vaccination and skipped question on intent	2.9 (0.1)	2.7 (0.1)	2.3 (0.1)	2.2 (0.1)	0.9 (0.1)	0.6 (0.1)	0.4 (<0.1)
Georgia (Total N=49,763)							
Received a vaccination	7.2 (0.3)	12.1 (0.4)	14.2 (0.4)	18.6 (0.5)	20.6 (0.5)	23.0 (0.5)	24.7 (0.5)
Did not receive a vaccination and accepting	55.8 (0.6)	53.7 (0.6)	52.2 (0.6)	49.2 (0.6)	47.8 (0.6)	46.1 (0.6)	44.7 (0.6)
Did not receive a vaccination and hesitant	32.9 (0.5)	31.1 (0.5)	30.4 (0.5)	30.1 (0.6)	30.5 (0.6)	30.2 (0.6)	29.9 (0.6)
Did not receive a vaccination and skipped question on intent	4.0 (0.2)	3.1 (0.2)	3.2 (0.2)	2.2 (0.2)	1.1 (0.1)	0.7 (0.1)	0.8 (0.1)
Hawaii (Total N=7,515)							
Received a vaccination	14.2 (1.0)	15.9 (1.1)	20.0 (1.2)	27.2 (1.4)	29.3 (1.4)	31.8 (1.5)	36.2 (1.5)
Did not receive a vaccination and accepting	65.5 (1.4)	61.8 (1.4)	58.6 (1.5)	53.7 (1.6)	53.3 (1.5)	50.4 (1.6)	48.3 (1.5)
Did not receive a vaccination and hesitant	17.2 (1.1)	19.7 (1.2)	19.4 (1.2)	16.8 (1.2)	15.4 (1.1)	17.1 (1.2)	15.2 (1.1)
Did not receive a vaccination and skipped question on intent	3.2 (0.5)	2.7 (0.5)	1.9 (0.4)	2.3 (0.5)	2.0 (0.4)	0.7 (0.3)	0.3 (0.2)
Idaho (Total N=13,381)							
Received a vaccination	8.4 (0.6)	11.0 (0.7)	16.0 (0.8)	19.9 (1.0)	23.6 (1.0)	28.8 (1.0)	31.5 (1.1)
Did not receive a vaccination and accepting	58.7 (1.1)	58.2 (1.1)	52.9 (1.1)	50.9 (1.2)	45.2 (1.2)	42.4 (1.1)	40.6 (1.1)
Did not receive a vaccination and hesitant	31.2 (1.0)	29.7 (1.0)	29.7 (1.0)	27.1 (1.1)	30.6 (1.1)	28.3 (1.0)	27.7 (1.0)
Did not receive a vaccination and skipped question on intent	1.8 (0.3)	1.1 (0.2)	1.5 (0.3)	2.1 (0.3)	0.6 (0.2)	0.5 (0.2)	0.2 (0.1)
Illinois (Total N=77,003)							
Received a vaccination	7.1 (0.2)	9.4 (0.3)	12.7 (0.3)	18.7 (0.4)	23.0 (0.4)	27.5 (0.4)	31.8 (0.5)
Did not receive a vaccination and accepting	66.7 (0.4)	65.4 (0.4)	63.4 (0.5)	58.4 (0.5)	55.4 (0.5)	49.9 (0.5)	46.6 (0.5)

Did not receive a vaccination and hesitant	23.1 (0.4)	22.9 (0.4)	21.4 (0.4)	20.9 (0.4)	20.6 (0.4)	22.0 (0.4)	21.2 (0.4)
Did not receive a vaccination and skipped question on intent	3.1 (0.2)	2.3 (0.1)	2.5 (0.1)	2.0 (0.1)	1.0 (0.1)	0.6 (0.1)	0.4 (0.1)
Indiana (Total N=42,804)							
Received a vaccination	8.9 (0.3)	13.5 (0.4)	16.4 (0.5)	19.4 (0.5)	24.3 (0.6)	27.6 (0.6)	29.9 (0.6)
Did not receive a vaccination and accepting	59.8 (0.6)	55.6 (0.6)	53.5 (0.6)	51.1 (0.7)	46.4 (0.7)	44.5 (0.7)	43.2 (0.7)
Did not receive a vaccination and hesitant	29.0 (0.6)	28.7 (0.6)	28.1 (0.6)	27.7 (0.6)	28.2 (0.6)	27.4 (0.6)	26.5 (0.6)
Did not receive a vaccination and skipped question on intent	2.3 (0.2)	2.2 (0.2)	2.0 (0.2)	1.8 (0.2)	1.1 (0.1)	0.6 (0.1)	0.4 (0.1)
Iowa (Total N=25,681)							
Received a vaccination	8.2 (0.4)	10.8 (0.5)	12.3 (0.5)	15.9 (0.6)	20.9 (0.7)	26.4 (0.7)	28.0 (0.8)
Did not receive a vaccination and accepting	65.4 (0.8)	62.5 (0.8)	60.7 (0.8)	57.6 (0.8)	53.9 (0.8)	47.8 (0.8)	46.8 (0.8)
Did not receive a vaccination and hesitant	24.8 (0.7)	24.8 (0.7)	25.1 (0.7)	25.3 (0.7)	24.4 (0.7)	25.3 (0.7)	24.7 (0.7)
Did not receive a vaccination and skipped question on intent	1.6 (0.2)	1.9 (0.2)	1.9 (0.2)	1.1 (0.2)	0.8 (0.1)	0.5 (0.1)	0.4 (0.1)
Kansas (Total N=20,811)							
Received a vaccination	9.7 (0.5)	11.2 (0.6)	13.9 (0.6)	19.7 (0.8)	23.8 (0.8)	27.3 (0.8)	29.8 (0.9)
Did not receive a vaccination and accepting	62.6 (0.8)	62.9 (0.9)	60.3 (0.9)	53.4 (0.9)	49.6 (0.9)	46.4 (0.9)	44.6 (1.0)
Did not receive a vaccination and hesitant	24.8 (0.7)	24.3 (0.8)	23.9 (0.8)	25.1 (0.8)	25.5 (0.8)	26.0 (0.8)	25.2 (0.8)
Did not receive a vaccination and skipped question on intent	2.9 (0.3)	1.7 (0.2)	1.9 (0.2)	1.7 (0.2)	1.1 (0.2)	0.4 (0.1)	0.4 (0.1)
Kentucky (Total N=29,497)							
Received a vaccination	9.2 (0.4)	13.2 (0.5)	15.9 (0.5)	20.7 (0.6)	22.3 (0.7)	25.0 (0.7)	28.9 (0.7)
Did not receive a vaccination and accepting	59.4 (0.7)	55.6 (0.7)	53.3 (0.7)	51.2 (0.8)	48.6 (0.8)	47.4 (0.8)	43.8 (0.8)
Did not receive a vaccination and hesitant	29.0 (0.7)	28.8 (0.7)	28.5 (0.7)	26.0 (0.7)	28.3 (0.7)	27.0 (0.7)	27.0 (0.7)
Did not receive a vaccination and skipped question on intent	2.3 (0.2)	2.4 (0.2)	2.3 (0.2)	2.1 (0.2)	0.8 (0.1)	0.6 (0.1)	0.3 (0.1)
Louisiana (Total N=28,278)							
Received a vaccination	10.9 (0.5)	13.0 (0.5)	17.3 (0.6)	19.7 (0.6)	23.7 (0.7)	26.8 (0.7)	29.8 (0.8)
Did not receive a vaccination and accepting	50.6 (0.7)	49.7 (0.8)	48.0 (0.8)	45.2 (0.8)	42.3 (0.8)	41.7 (0.8)	38.0 (0.8)
Did not receive a vaccination and hesitant	34.7 (0.7)	34.0 (0.7)	32.3 (0.7)	32.2 (0.8)	32.9 (0.8)	31.1 (0.8)	31.6 (0.8)

Did not receive a vaccination and skipped question on intent	3.7 (0.3)	3.3 (0.3)	2.4 (0.2)	2.8 (0.3)	1.1 (0.2)	0.5 (0.1)	0.6 (0.1)
Maine (Total N=13,998)							
Received a vaccination	9.3 (0.6)	11.1 (0.7)	13.5 (0.7)	18.4 (0.9)	20.4 (0.9)	23.5 (1.0)	27.7 (1.1)
Did not receive a vaccination and accepting	68.9 (1.0)	63.6 (1.0)	64.3 (1.0)	59.4 (1.1)	58.8 (1.1)	55.7 (1.1)	52.0 (1.2)
Did not receive a vaccination and hesitant	19.7 (0.8)	23.2 (0.9)	21.2 (0.9)	20.8 (0.9)	20.2 (0.9)	20.7 (0.9)	19.8 (1.0)
Did not receive a vaccination and skipped question on intent	2.2 (0.3)	2.2 (0.3)	0.9 (0.2)	1.4 (0.3)	0.6 (0.2)	0.2 (0.1)	0.5 (0.2)
Maryland (Total N=31,093)							
Received a vaccination	7.1 (0.4)	10.7 (0.4)	14.1 (0.5)	18.2 (0.6)	20.3 (0.6)	24.0 (0.7)	27.9 (0.7)
Did not receive a vaccination and accepting	70.1 (0.7)	68.5 (0.7)	65.5 (0.7)	63.8 (0.7)	61.9 (0.7)	58.4 (0.8)	56.3 (0.8)
Did not receive a vaccination and hesitant	20.1 (0.6)	18.1 (0.6)	17.8 (0.6)	15.9 (0.6)	16.4 (0.6)	17.3 (0.6)	15.4 (0.6)
Did not receive a vaccination and skipped question on intent	2.7 (0.2)	2.7 (0.2)	2.6 (0.2)	2.1 (0.2)	1.3 (0.2)	0.3 (0.1)	0.4 (0.1)
Massachusetts (Total N=36,119)							
Received a vaccination	6.4 (0.3)	9.1 (0.4)	11.5 (0.4)	15.2 (0.5)	19.2 (0.6)	23.3 (0.6)	28.2 (0.7)
Did not receive a vaccination and accepting	74.1 (0.6)	73.7 (0.6)	70.8 (0.6)	67.6 (0.7)	65.6 (0.7)	60.8 (0.7)	59.3 (0.7)
Did not receive a vaccination and hesitant	17.3 (0.5)	15.1 (0.5)	15.7 (0.5)	15.2 (0.5)	14.2 (0.5)	15.2 (0.5)	12.2 (0.5)
Did not receive a vaccination and skipped question on intent	2.2 (0.2)	2.1 (0.2)	1.9 (0.2)	2.0 (0.2)	1.0 (0.1)	0.6 (0.1)	0.3 (0.1)
Michigan (Total N=79,764)							
Received a vaccination	8.6 (0.3)	13.2 (0.3)	17.8 (0.3)	21.0 (0.4)	23.9 (0.4)	27.6 (0.4)	30.5 (0.4)
Did not receive a vaccination and accepting	62.7 (0.4)	59.8 (0.5)	55.9 (0.5)	52.6 (0.5)	50.6 (0.5)	47.7 (0.5)	45.2 (0.5)
Did not receive a vaccination and hesitant	26.2 (0.4)	25.0 (0.4)	24.4 (0.4)	24.8 (0.4)	24.8 (0.4)	24.1 (0.4)	23.9 (0.4)
Did not receive a vaccination and skipped question on intent	2.6 (0.1)	2.0 (0.1)	2.0 (0.1)	1.6 (0.1)	0.8 (0.1)	0.5 (0.1)	0.5 (0.1)
Minnesota (Total N=31,101)							
Received a vaccination	8.0 (0.4)	9.8 (0.4)	14.6 (0.5)	18.9 (0.6)	23.2 (0.6)	26.4 (0.7)	30.5 (0.7)
Did not receive a vaccination and accepting	71.4 (0.7)	69.6 (0.7)	64.6 (0.7)	61.5 (0.8)	57.6 (0.7)	53.7 (0.8)	49.7 (0.8)
Did not receive a vaccination and hesitant	19.2 (0.6)	19.0 (0.6)	19.3 (0.6)	18.5 (0.6)	18.7 (0.6)	19.5 (0.6)	19.4 (0.6)

Did not receive a vaccination and skipped question on intent	1.4 (0.2)	1.6 (0.2)	1.5 (0.2)	1.1 (0.2)	0.5 (0.1)	0.3 (0.1)	0.3 (0.1)
Mississippi (Total N=18,504)							
Received a vaccination	7.8 (0.5)	12.1 (0.6)	18.3 (0.7)	21.9 (0.8)	26.0 (0.9)	27.0 (0.9)	32.3 (1.0)
Did not receive a vaccination and accepting	51.8 (0.9)	50.6 (0.9)	47.2 (1.0)	42.6 (1.0)	40.0 (1.0)	38.9 (1.0)	35.7 (1.0)
Did not receive a vaccination and hesitant	36.4 (0.9)	34.0 (0.9)	31.6 (0.9)	32.1 (0.9)	32.5 (0.9)	33.0 (0.9)	31.2 (1.0)
Did not receive a vaccination and skipped question on intent	4.0 (0.4)	3.3 (0.3)	3.0 (0.3)	3.4 (0.4)	1.4 (0.2)	1.1 (0.2)	0.8 (0.2)
Missouri (Total N=35,332)							
Received a vaccination	6.9 (0.3)	9.4 (0.4)	13.5 (0.5)	18.7 (0.6)	23.9 (0.6)	26.4 (0.6)	30.9 (0.7)
Did not receive a vaccination and accepting	61.0 (0.7)	60.7 (0.7)	57.5 (0.7)	52.0 (0.7)	48.7 (0.7)	46.2 (0.7)	42.5 (0.7)
Did not receive a vaccination and hesitant	29.8 (0.6)	27.9 (0.6)	27.2 (0.6)	27.7 (0.7)	26.5 (0.6)	26.9 (0.6)	26.2 (0.6)
Did not receive a vaccination and skipped question on intent	2.3 (0.2)	2.0 (0.2)	1.8 (0.2)	1.6 (0.2)	0.9 (0.1)	0.5 (0.1)	0.4 (0.1)
Montana (Total N=9,692)							
Received a vaccination	10.6 (0.8)	13.2 (0.9)	16.6 (1.0)	21.2 (1.1)	25.3 (1.2)	31.1 (1.3)	34.2 (1.3)
Did not receive a vaccination and accepting	61.5 (1.3)	58.6 (1.3)	55.4 (1.3)	51.7 (1.4)	47.7 (1.3)	40.7 (1.3)	38.3 (1.3)
Did not receive a vaccination and hesitant	26.2 (1.2)	27.0 (1.2)	27.2 (1.2)	25.7 (1.2)	26.5 (1.2)	27.9 (1.2)	27.2 (1.2)
Did not receive a vaccination and skipped question on intent	1.7 (0.3)	1.2 (0.3)	0.8 (0.2)	1.3 (0.3)	0.5 (0.2)	0.3 (0.1)	0.2 (0.1)
Nebraska (Total N=13,128)							
Received a vaccination	9.3 (0.6)	12.1 (0.7)	14.4 (0.8)	18.1 (0.9)	22.0 (1.0)	27.8 (1.1)	28.5 (1.1)
Did not receive a vaccination and accepting	65.7 (1.0)	63.1 (1.1)	62.0 (1.1)	56.8 (1.2)	54.4 (1.2)	50.5 (1.2)	46.7 (1.2)
Did not receive a vaccination and hesitant	22.7 (0.9)	23.4 (1.0)	22.1 (0.9)	23.8 (1.0)	22.7 (1.0)	21.2 (1.0)	24.5 (1.0)
Did not receive a vaccination and skipped question on intent	2.3 (0.3)	1.3 (0.3)	1.6 (0.3)	1.2 (0.3)	0.9 (0.2)	0.5 (0.2)	0.4 (0.1)
Nevada (Total N=15,010)							
Received a vaccination	7.9 (0.6)	9.9 (0.6)	16.1 (0.8)	19.6 (0.9)	22.9 (0.9)	28.1 (1.0)	30.1 (1.0)
Did not receive a vaccination and accepting	61.7 (1.0)	61.4 (1.0)	58.3 (1.0)	54.1 (1.1)	52.3 (1.1)	46.7 (1.1)	44.7 (1.1)
Did not receive a vaccination and hesitant	27.7 (0.9)	26.0 (0.9)	23.7 (0.9)	24.4 (0.9)	23.8 (0.9)	24.6 (0.9)	24.7 (1.0)

Did not receive a vaccination and skipped question on intent	2.6 (0.3)	2.7 (0.3)	1.9 (0.3)	1.9 (0.3)	1.0 (0.2)	0.5 (0.2)	0.5 (0.2)
New Hampshire (Total N=12,901)							
Received a vaccination	9.0 (0.6)	11.3 (0.7)	14.5 (0.8)	17.9 (0.9)	22.5 (1.0)	24.7 (1.0)	31.2 (1.1)
Did not receive a vaccination and accepting	70.0 (1.0)	67.6 (1.0)	67.4 (1.0)	66.1 (1.1)	55.6 (1.2)	58.0 (1.2)	52.7 (1.2)
Did not receive a vaccination and hesitant	18.8 (0.9)	19.1 (0.9)	16.8 (0.8)	14.5 (0.8)	21.2 (1.0)	17.0 (0.9)	15.6 (0.9)
Did not receive a vaccination and skipped question on intent	2.2 (0.3)	2.1 (0.3)	1.2 (0.2)	1.4 (0.3)	0.7 (0.2)	0.3 (0.1)	0.5 (0.2)
New Jersey (Total N=43,059)							
Received a vaccination	7.7 (0.3)	10.2 (0.4)	15.8 (0.5)	19.2 (0.5)	23.1 (0.6)	26.8 (0.6)	31.2 (0.6)
Did not receive a vaccination and accepting	68.9 (0.6)	67.3 (0.6)	63.0 (0.6)	60.6 (0.6)	56.6 (0.6)	54.8 (0.6)	51.3 (0.6)
Did not receive a vaccination and hesitant	20.4 (0.5)	19.4 (0.5)	18.5 (0.5)	18.0 (0.5)	19.3 (0.5)	17.8 (0.5)	17.0 (0.5)
Did not receive a vaccination and skipped question on intent	2.9 (0.2)	3.1 (0.2)	2.8 (0.2)	2.2 (0.2)	1.0 (0.1)	0.6 (0.1)	0.5 (0.1)
New Mexico (Total N=20,083)							
Received a vaccination	11.1 (0.6)	17.4 (0.8)	22.6 (0.7)	23.5 (0.8)	29.9 (0.9)	34.0 (0.9)	37.9 (0.9)
Did not receive a vaccination and accepting	64.6 (0.9)	63.3 (1.1)	57.5 (0.8)	55.4 (0.9)	49.8 (0.9)	46.1 (0.9)	42.4 (0.9)
Did not receive a vaccination and hesitant	21.1 (0.8)	17.6 (0.8)	17.8 (0.6)	18.9 (0.7)	19.9 (0.7)	19.3 (0.7)	19.4 (0.7)
Did not receive a vaccination and skipped question on intent	3.2 (0.3)	1.7 (0.3)	2.1 (0.2)	2.2 (0.3)	0.4 (0.1)	0.6 (0.1)	0.3 (0.1)
New York (Total N=98,671)							
Received a vaccination	8.9 (0.2)	12.8 (0.3)	16.3 (0.3)	19.8 (0.3)	22.1 (0.4)	26.9 (0.4)	29.3 (0.4)
Did not receive a vaccination and accepting	65.2 (0.4)	63.0 (0.4)	61.1 (0.4)	57.2 (0.4)	55.8 (0.4)	52.5 (0.4)	50.7 (0.4)
Did not receive a vaccination and hesitant	23.1 (0.3)	21.2 (0.3)	20.2 (0.3)	20.9 (0.4)	20.8 (0.4)	20.0 (0.3)	19.4 (0.3)
Did not receive a vaccination and skipped question on intent	2.9 (0.1)	3.0 (0.1)	2.4 (0.1)	2.2 (0.1)	1.3 (0.1)	0.6 (0.1)	0.6 (0.1)
North Carolina (Total N=67,124)							
Received a vaccination	7.4 (0.2)	11.5 (0.3)	16.0 (0.4)	19.5 (0.4)	23.1 (0.4)	25.2 (0.5)	29.0 (0.5)
Did not receive a vaccination and accepting	61.8 (0.5)	59.9 (0.5)	56.1 (0.5)	52.5 (0.5)	50.0 (0.5)	48.2 (0.5)	45.1 (0.5)
Did not receive a vaccination and hesitant	28.0 (0.4)	26.3 (0.4)	25.7 (0.4)	25.7 (0.5)	25.9 (0.5)	26.0 (0.5)	25.5 (0.5)

Did not receive a vaccination and skipped question on intent	2.8 (0.2)	2.4 (0.1)	2.2 (0.1)	2.4 (0.2)	1.1 (0.1)	0.6 (0.1)	0.4 (0.1)
North Dakota (Total N=4,877)							
Received a vaccination	12.3 (1.2)	17.3 (1.4)	19.5 (1.5)	24.4 (1.7)	28.4 (1.7)	32.3 (1.8)	31.7 (1.8)
Did not receive a vaccination and accepting	57.1 (1.8)	52.7 (1.8)	52.9 (1.9)	45.4 (2.0)	44.3 (1.9)	36.9 (1.8)	35.8 (1.8)
Did not receive a vaccination and hesitant	28.6 (1.7)	29.0 (1.7)	26.4 (1.7)	29.3 (1.8)	26.5 (1.7)	30.7 (1.7)	32.2 (1.8)
Did not receive a vaccination and skipped question on intent	2.1 (0.5)	1.0 (0.4)	1.2 (0.4)	0.9 (0.4)	0.8 (0.3)	<0.1 (0.1)	0.3 (0.2)
Ohio (Total N=76,639)							
Received a vaccination	7.1 (0.2)	9.5 (0.3)	12.3 (0.3)	16.2 (0.4)	20.4 (0.4)	23.7 (0.4)	26.7 (0.4)
Did not receive a vaccination and accepting	61.2 (0.4)	59.6 (0.5)	58.0 (0.5)	55.0 (0.5)	51.5 (0.5)	48.9 (0.5)	46.2 (0.5)
Did not receive a vaccination and hesitant	29.0 (0.4)	28.4 (0.4)	27.6 (0.4)	27.1 (0.4)	27.2 (0.4)	26.8 (0.4)	26.4 (0.4)
Did not receive a vaccination and skipped question on intent	2.7 (0.1)	2.4 (0.1)	2.2 (0.1)	1.7 (0.1)	0.9 (0.1)	0.5 (0.1)	0.7 (0.1)
Oklahoma (Total N=28,454)							
Received a vaccination	12.9 (0.5)	17.3 (0.6)	19.3 (0.6)	23.2 (0.7)	25.6 (0.7)	28.4 (0.7)	32.9 (0.8)
Did not receive a vaccination and accepting	56.0 (0.7)	52.0 (0.8)	50.5 (0.8)	46.4 (0.8)	44.5 (0.8)	43.2 (0.8)	37.9 (0.8)
Did not receive a vaccination and hesitant	28.9 (0.7)	28.8 (0.7)	28.3 (0.7)	28.7 (0.7)	29.0 (0.7)	27.7 (0.7)	28.6 (0.8)
Did not receive a vaccination and skipped question on intent	2.1 (0.2)	1.9 (0.2)	1.9 (0.2)	1.7 (0.2)	0.8 (0.1)	0.6 (0.1)	0.6 (0.1)
Oregon (Total N=29,719)							
Received a vaccination	8.4 (0.4)	11.8 (0.5)	16.3 (0.5)	18.9 (0.6)	23.4 (0.7)	26.0 (0.7)	29.6 (0.7)
Did not receive a vaccination and accepting	68.6 (0.7)	64.0 (0.7)	62.6 (0.7)	58.9 (0.8)	56.3 (0.8)	53.2 (0.8)	49.5 (0.8)
Did not receive a vaccination and hesitant	21.1 (0.6)	22.6 (0.6)	19.5 (0.6)	20.9 (0.6)	19.5 (0.6)	20.4 (0.6)	20.5 (0.6)
Did not receive a vaccination and skipped question on intent	1.9 (0.2)	1.6 (0.2)	1.6 (0.2)	1.3 (0.2)	0.8 (0.1)	0.4 (0.1)	0.5 (0.1)
Pennsylvania (Total N=83,984)							
Received a vaccination	7.9 (0.2)	10.8 (0.3)	14.6 (0.3)	18.2 (0.4)	22.9 (0.4)	26.5 (0.4)	29.7 (0.4)
Did not receive a vaccination and accepting	64.3 (0.4)	63.7 (0.4)	61.7 (0.4)	56.4 (0.5)	53.8 (0.5)	49.9 (0.5)	46.8 (0.5)
Did not receive a vaccination and hesitant	25.3 (0.4)	23.4 (0.4)	21.8 (0.4)	23.2 (0.4)	22.5 (0.4)	23.1 (0.4)	23.1 (0.4)

Did not receive a vaccination and skipped question on intent	2.6 (0.1)	2.1 (0.1)	2.0 (0.1)	2.2 (0.1)	0.9 (0.1)	0.5 (0.1)	0.4 (0.1)
Rhode Island (Total N=7,776)							
Received a vaccination	8.7 (0.8)	11.6 (0.9)	12.6 (1.0)	15.6 (1.1)	17.3 (1.2)	20.5 (1.2)	26.6 (1.3)
Did not receive a vaccination and accepting	72.3 (1.3)	69.4 (1.3)	69.5 (1.4)	66.9 (1.5)	62.3 (1.5)	63.3 (1.5)	57.6 (1.5)
Did not receive a vaccination and hesitant	17.1 (1.1)	16.8 (1.1)	15.6 (1.1)	14.8 (1.1)	19.3 (1.3)	16.0 (1.1)	15.2 (1.1)
Did not receive a vaccination and skipped question on intent	1.9 (0.4)	2.1 (0.4)	2.4 (0.5)	2.7 (0.5)	1.1 (0.3)	0.2 (0.2)	0.6 (0.2)
South Carolina (Total N=40,479)							
Received a vaccination	5.7 (0.3)	9.1 (0.4)	14.8 (0.5)	18.1 (0.5)	21.8 (0.6)	23.5 (0.6)	28.0 (0.6)
Did not receive a vaccination and accepting	58.9 (0.6)	57.2 (0.6)	53.3 (0.6)	51.6 (0.7)	49.4 (0.7)	44.7 (0.7)	42.7 (0.7)
Did not receive a vaccination and hesitant	31.7 (0.6)	30.6 (0.6)	29.9 (0.6)	28.1 (0.6)	27.3 (0.6)	31.3 (0.6)	28.8 (0.6)
Did not receive a vaccination and skipped question on intent	3.7 (0.2)	3.2 (0.2)	2.0 (0.2)	2.2 (0.2)	1.5 (0.2)	0.5 (0.1)	0.5 (0.1)
South Dakota (Total N=6,559)							
Received a vaccination	13.4 (1.1)	14.4 (1.1)	19.7 (1.3)	22.1 (1.4)	26.0 (1.5)	34.3 (1.6)	34.9 (1.6)
Did not receive a vaccination and accepting	61.2 (1.5)	57.9 (1.6)	55.2 (1.6)	50.3 (1.7)	46.3 (1.7)	42.4 (1.6)	38.1 (1.6)
Did not receive a vaccination and hesitant	23.5 (1.3)	26.4 (1.4)	24.0 (1.4)	26.3 (1.5)	26.7 (1.5)	23.3 (1.4)	26.6 (1.5)
Did not receive a vaccination and skipped question on intent	1.9 (0.4)	1.4 (0.4)	1.1 (0.3)	1.2 (0.4)	1.1 (0.3)	<0.1 (0.1)	0.4 (0.2)
Tennessee (Total N=41,245)							
Received a vaccination	9.7 (0.4)	11.1 (0.4)	13.5 (0.4)	15.5 (0.5)	18.7 (0.5)	21.7 (0.6)	24.0 (0.6)
Did not receive a vaccination and accepting	57.9 (0.6)	55.4 (0.6)	54.2 (0.6)	52.5 (0.7)	50.1 (0.7)	47.6 (0.7)	44.4 (0.7)
Did not receive a vaccination and hesitant	29.6 (0.6)	31.0 (0.6)	30.0 (0.6)	29.5 (0.6)	30.2 (0.6)	30.0 (0.6)	31.0 (0.6)
Did not receive a vaccination and skipped question on intent	2.8 (0.2)	2.5 (0.2)	2.3 (0.2)	2.4 (0.2)	1.0 (0.1)	0.6 (0.1)	0.5 (0.1)
Texas (Total N=135,030)							
Received a vaccination	10.6 (0.2)	13.4 (0.2)	16.7 (0.3)	20.2 (0.3)	24.0 (0.3)	26.1 (0.3)	28.1 (0.3)
Did not receive a vaccination and accepting	60.2 (0.3)	58.4 (0.3)	56.2 (0.3)	53.1 (0.4)	50.1 (0.4)	48.2 (0.4)	47.8 (0.4)
Did not receive a vaccination and hesitant	26.3 (0.3)	25.4 (0.3)	24.5 (0.3)	24.4 (0.3)	24.9 (0.3)	25.2 (0.3)	23.7 (0.3)

Did not receive a vaccination and skipped question on intent	3.0 (0.1)	2.8 (0.1)	2.6 (0.1)	2.3 (0.1)	1.1 (0.1)	0.5 (0.1)	0.4 (<0.1)
Utah (Total N=18,770)							
Received a vaccination	8.3 (0.5)	11.8 (0.6)	16.1 (0.7)	17.9 (0.8)	22.7 (0.8)	23.5 (0.8)	26.5 (0.9)
Did not receive a vaccination and accepting	68.4 (0.9)	63.9 (0.9)	62.5 (0.9)	58.7 (1.0)	56.3 (1.0)	54.2 (1.0)	52.3 (1.0)
Did not receive a vaccination and hesitant	21.3 (0.8)	22.6 (0.8)	20.0 (0.8)	22.2 (0.8)	20.4 (0.8)	22.0 (0.8)	20.8 (0.8)
Did not receive a vaccination and skipped question on intent	2.0 (0.3)	1.7 (0.2)	1.4 (0.2)	1.2 (0.2)	0.7 (0.2)	0.2 (0.1)	0.5 (0.1)
Vermont (Total N=6,270)							
Received a vaccination	9.5 (0.9)	13.6 (1.1)	14.2 (1.1)	17.5 (1.3)	20.9 (1.4)	25.9 (1.5)	29.8 (1.6)
Did not receive a vaccination and accepting	70.8 (1.4)	71.9 (1.5)	70.5 (1.5)	68.3 (1.6)	62.3 (1.7)	58.5 (1.7)	55.8 (1.8)
Did not receive a vaccination and hesitant	18.0 (1.2)	13.4 (1.1)	14.3 (1.1)	13.5 (1.2)	16.6 (1.3)	15.1 (1.2)	14.1 (1.2)
Did not receive a vaccination and skipped question on intent	1.7 (0.4)	1.1 (0.3)	1.1 (0.3)	0.7 (0.3)	0.2 (0.1)	0.5 (0.2)	0.3 (0.2)
Virginia (Total N=59,914)							
Received a vaccination	7.8 (0.3)	11.3 (0.3)	16.0 (0.4)	20.4 (0.4)	23.1 (0.5)	26.4 (0.5)	29.3 (0.5)
Did not receive a vaccination and accepting	66.3 (0.5)	64.1 (0.5)	60.8 (0.5)	56.7 (0.5)	54.3 (0.5)	52.2 (0.5)	50.4 (0.6)
Did not receive a vaccination and hesitant	23.2 (0.4)	22.0 (0.4)	21.0 (0.4)	21.2 (0.4)	21.5 (0.4)	20.8 (0.4)	19.6 (0.4)
Did not receive a vaccination and skipped question on intent	2.6 (0.2)	2.5 (0.2)	2.2 (0.2)	1.6 (0.1)	1.2 (0.1)	0.6 (0.1)	0.6 (0.1)
Washington (Total N=50,088)							
Received a vaccination	7.0 (0.3)	10.9 (0.4)	15.5 (0.4)	20.7 (0.5)	23.6 (0.5)	26.2 (0.5)	27.8 (0.5)
Did not receive a vaccination and accepting	71.1 (0.5)	69.0 (0.5)	65.0 (0.5)	60.4 (0.6)	57.6 (0.6)	55.6 (0.6)	53.8 (0.6)
Did not receive a vaccination and hesitant	20.0 (0.5)	18.4 (0.4)	17.5 (0.4)	17.6 (0.5)	17.9 (0.5)	17.9 (0.5)	18.0 (0.5)
Did not receive a vaccination and skipped question on intent	1.9 (0.2)	1.7 (0.1)	2.0 (0.2)	1.4 (0.1)	0.8 (0.1)	0.3 (0.1)	0.4 (0.1)
West Virginia (Total N=16,605)							
Received a vaccination	13.3 (0.7)	15.9 (0.7)	20.8 (0.8)	23.1 (0.9)	26.2 (0.9)	31.1 (1.0)	32.6 (1.0)
Did not receive a vaccination and accepting	54.3 (1.0)	54.5 (1.0)	51.3 (1.0)	47.6 (1.1)	44.3 (1.0)	42.0 (1.1)	40.8 (1.1)
Did not receive a vaccination and hesitant	29.4 (0.9)	27.7 (0.9)	26.3 (0.9)	27.0 (0.9)	28.1 (0.9)	26.8 (0.9)	26.0 (1.0)

Did not receive a vaccination and skipped question on intent	3.0 (0.3)	1.9 (0.3)	1.6 (0.3)	2.3 (0.3)	1.4 (0.3)	0.2 (0.1)	0.6 (0.2)
Wisconsin (Total N=38,471)							
Received a vaccination	7.3 (0.3)	10.4 (0.4)	14.0 (0.5)	19.1 (0.5)	23.4 (0.6)	26.3 (0.6)	29.6 (0.6)
Did not receive a vaccination and accepting	67.2 (0.6)	63.4 (0.6)	61.1 (0.6)	57.3 (0.7)	52.1 (0.7)	50.5 (0.7)	46.2 (0.7)
Did not receive a vaccination and hesitant	23.6 (0.6)	24.5 (0.6)	23.3 (0.6)	22.3 (0.6)	23.4 (0.6)	22.9 (0.6)	23.9 (0.6)
Did not receive a vaccination and skipped question on intent	1.8 (0.2)	1.7 (0.2)	1.6 (0.2)	1.3 (0.2)	1.0 (0.1)	0.3 (0.1)	0.4 (0.1)
Wyoming (Total N=4,615)							
Received a vaccination	10.8 (1.2)	14.5 (1.3)	19.6 (1.6)	20.4 (1.6)	30.6 (1.8)	35.8 (1.9)	35.4 (1.9)
Did not receive a vaccination and accepting	54.5 (1.9)	51.3 (1.9)	48.9 (2.0)	42.9 (2.0)	38.8 (1.9)	33.1 (1.8)	29.2 (1.8)
Did not receive a vaccination and hesitant	32.3 (1.8)	32.4 (1.8)	30.4 (1.8)	34.9 (1.9)	30.0 (1.8)	30.8 (1.8)	34.3 (1.9)
Did not receive a vaccination and skipped question on intent	2.3 (0.6)	1.8 (0.5)	1.1 (0.4)	1.8 (0.5)	0.6 (0.3)	0.4 (0.2)	1.1 (0.4)

* Non-Hispanic race/ethnicity groups.

** Not reported because not enough data were collected for aggregate reporting.

C. Table of Adults Who Received Two COVID-19 Vaccinations

Table C.1. Weekly weighted percentages (standard error) of adults who received two COVID-19 vaccinations out of adults who reported receiving a COVID-19 vaccination, Jan 10 – Feb 27, 2021

	Jan 10– Jan 16	Jan 17– Jan 23	Jan 24– Jan 30	Jan 31– Feb 06	Feb 07– Feb 13	Feb 14– Feb 20	Feb 21– Feb 27
Overall (Total N=388,791)							
Received two COVID-19 vaccinations	18.0 (0.3)	21.3 (0.2)	26.0 (0.2)	33.6 (0.2)	42.3 (0.2)	50.5 (0.2)	57.4 (0.2)
By Healthcare Worker Status:							
Healthcare Workers (Total N=94,551)							
Received two COVID-19 vaccinations	29.2 (0.5)	38.6 (0.4)	52.8 (0.4)	66.4 (0.4)	77.9 (0.3)	84.8 (0.3)	87.4 (0.3)
Non-Healthcare Workers (Total N=104,529)							
Received two COVID-19 vaccinations	9.0 (0.5)	11.8 (0.3)	17.0 (0.3)	25.7 (0.4)	36.8 (0.4)	46.4 (0.3)	53.1 (0.3)
By Age:							
65+ years (Total N=167,722)							
Received two COVID-19 vaccinations	6.1 (0.4)	6.4 (0.2)	8.0 (0.2)	15.7 (0.2)	25.8 (0.2)	37.1 (0.2)	48.8 (0.2)
45-64 years (Total N=106,874)							
Received two COVID-19 vaccinations	22.5 (0.6)	26.6 (0.4)	35.3 (0.4)	44.8 (0.4)	52.8 (0.4)	58.3 (0.3)	61.7 (0.3)
25-44 years (Total N=81,506)							
Received two COVID-19 vaccinations	22.9 (0.6)	30.1 (0.5)	38.4 (0.5)	47.3 (0.5)	57.8 (0.4)	64.8 (0.4)	67.5 (0.4)
18-24 years (Total N=7,302)							
Received two COVID-19 vaccinations	14.5 (1.6)	24.7 (1.4)	32.1 (1.5)	41.0 (1.5)	52.6 (1.4)	61.6 (1.4)	67.0 (1.3)
By Eligible Health Conditions:							
Any Eligible Health Condition (Total N=138,897)							
Received two COVID-19 vaccinations	12.7 (0.5)	13.7 (0.3)	17.3 (0.3)	25.1 (0.3)	34.0 (0.3)	43.1 (0.3)	51.8 (0.3)
No Eligible Health Condition (Total N=251,545)							

Received two COVID-19 vaccinations	20.1 (0.4)	24.8 (0.3)	30.3 (0.3)	38.3 (0.3)	47.3 (0.2)	55.1 (0.2)	60.9 (0.2)
By Race/Ethnicity:							
Hispanic (Total N=29,553)							
Received two COVID-19 vaccinations	18.3 (1.0)	23.7 (0.8)	28.1 (0.7)	36.7 (0.7)	45.5 (0.7)	52.0 (0.7)	56.5 (0.6)
American Indian or Alaska Native* (Total N=4,860)							
Received two COVID-19 vaccinations	17.6 (2.5)	19.4 (1.8)	26.9 (1.7)	41.2 (1.9)	44.3 (1.7)	53.9 (1.6)	61.5 (1.6)
Asian* (Total N=8,588)							
Received two COVID-19 vaccinations	23.0 (1.9)	31.6 (1.5)	34.2 (1.4)	38.6 (1.4)	47.0 (1.3)	58.2 (1.2)	62.5 (1.1)
Black or African American* (Total N=19,420)							
Received two COVID-19 vaccinations	18.2 (1.5)	18.9 (0.9)	26.9 (0.9)	32.2 (0.9)	41.8 (0.8)	48.7 (0.8)	53.3 (0.7)
Native Hawaiian or Pacific Islander* (Total N=394)							
Received two COVID-19 vaccinations	NR**	NR**	NR**	NR**	47.7 (4.9)	56.9 (4.3)	59.4 (3.9)
Multiracial or Other* (Total N=8,190)							
Received two COVID-19 vaccinations	23.6 (2.2)	25.3 (1.5)	31.9 (1.5)	39.9 (1.5)	48.6 (1.3)	54.9 (1.2)	60.8 (1.1)
White* (Total N=289,131)							
Received two COVID-19 vaccinations	17.8 (0.3)	20.9 (0.2)	25.2 (0.2)	32.8 (0.2)	41.7 (0.2)	50.2 (0.2)	57.6 (0.2)
By Gender:							
Female (Total N=251,307)							
Received two COVID-19 vaccinations	18.5 (0.4)	22.3 (0.3)	27.2 (0.2)	35.0 (0.3)	43.9 (0.2)	51.6 (0.2)	58.6 (0.2)
Male (Total N=109,653)							
Received two COVID-19 vaccinations	17.9 (0.6)	20.2 (0.4)	24.1 (0.4)	31.5 (0.4)	40.2 (0.4)	48.9 (0.3)	55.7 (0.3)
Other (Total N=1,741)							
Received two COVID-19 vaccinations	NR**	27.1 (3.3)	35.3 (3.0)	37.3 (3.0)	50.0 (2.9)	62.5 (2.6)	60.8 (2.4)
By State:							
Alabama (Total N=4,911)							
Received two COVID-19 vaccinations	21.2 (3.1)	18.5 (1.9)	24.7 (1.9)	31.9 (2.0)	34.1 (1.6)	43.5 (1.4)	50.0 (1.5)

Received two COVID-19 vaccinations	11.0 (2.2)	22.3 (2.1)	32.9 (2.0)	45.8 (2.2)	42.7 (1.6)	41.8 (1.5)	40.7 (1.4)
Kansas (Total N=4,147)							
Received two COVID-19 vaccinations	18.8 (2.7)	26.5 (2.3)	32.6 (2.2)	39.9 (2.2)	46.2 (1.8)	49.7 (1.7)	51.5 (1.6)
Kentucky (Total N=5,825)							
Received two COVID-19 vaccinations	11.1 (1.8)	15.0 (1.4)	25.7 (1.6)	35.8 (1.7)	48.3 (1.6)	54.0 (1.5)	60.5 (1.4)
Louisiana (Total N=6,317)							
Received two COVID-19 vaccinations	23.8 (2.2)	21.2 (1.6)	24.1 (1.5)	45.3 (1.8)	54.5 (1.5)	55.8 (1.4)	58.6 (1.3)
Maine (Total N=2,538)							
Received two COVID-19 vaccinations	20.7 (3.5)	32.5 (2.9)	33.6 (2.7)	44.3 (2.8)	46.8 (2.4)	49.7 (2.2)	58.1 (2.1)
Maryland (Total N=5,538)							
Received two COVID-19 vaccinations	15.7 (2.4)	15.9 (1.6)	23.9 (1.6)	35.1 (1.8)	41.1 (1.6)	50.1 (1.5)	57.8 (1.4)
Massachusetts (Total N=5,727)							
Received two COVID-19 vaccinations	25.2 (2.8)	29.4 (2.0)	32.2 (1.8)	35.6 (1.8)	43.5 (1.6)	48.6 (1.4)	49.2 (1.3)
Michigan (Total N=17,811)							
Received two COVID-19 vaccinations	18.4 (1.4)	21.0 (1.0)	27.3 (0.9)	35.6 (1.0)	47.0 (0.9)	56.8 (0.8)	62.8 (0.8)
Minnesota (Total N=6,072)							
Received two COVID-19 vaccinations	20.6 (2.6)	32.3 (2.2)	31.9 (1.7)	35.8 (1.7)	38.2 (1.4)	46.8 (1.4)	58.0 (1.3)
Mississippi (Total N=4,192)							
Received two COVID-19 vaccinations	12.2 (2.6)	15.1 (1.8)	14.8 (1.5)	22.0 (1.8)	36.9 (1.7)	45.2 (1.7)	56.6 (1.6)
Missouri (Total N=6,750)							
Received two COVID-19 vaccinations	20.2 (2.6)	30.0 (2.0)	32.1 (1.7)	32.0 (1.6)	36.6 (1.3)	47.1 (1.3)	53.7 (1.2)
Montana (Total N=2,105)							
Received two COVID-19 vaccinations	NR**	25.1 (3.0)	31.4 (2.9)	41.5 (3.1)	37.3 (2.5)	45.8 (2.3)	53.3 (2.2)
Nebraska (Total N=2,598)							
Received two COVID-19 vaccinations	15.6 (3.1)	22.5 (2.6)	35.3 (2.8)	39.4 (2.9)	42.0 (2.3)	46.5 (2.1)	58.0 (2.0)
Nevada (Total N=2,998)							
Received two COVID-19 vaccinations	21.3 (3.9)	18.1 (2.4)	16.1 (1.9)	27.0 (2.2)	35.9 (2.1)	51.8 (1.9)	57.4 (1.9)
New Hampshire (Total N=2,414)							
Received two COVID-19 vaccinations	21.1 (4.0)	23.4 (2.8)	33.1 (2.7)	38.9 (2.8)	41.3 (2.5)	47.6 (2.3)	56.6 (2.0)

New Jersey (Total N=8,548)	14.4 (1.9)	16.7 (1.4)	22.0 (1.3)	28.7 (1.4)	37.0 (1.3)	46.3 (1.2)	55.6 (1.1)
Received two COVID-19 vaccinations							
New Mexico (Total N=5,315)	24.8 (3.4)	20.2 (2.0)	30.2 (1.6)	34.8 (1.8)	44.1 (1.6)	57.0 (1.5)	62.2 (1.4)
Received two COVID-19 vaccinations							
New York (Total N=19,613)	11.3 (1.0)	16.4 (0.8)	25.1 (0.9)	36.0 (1.0)	46.6 (0.9)	57.4 (0.8)	60.3 (0.7)
Received two COVID-19 vaccinations							
North Carolina (Total N=14,190)	14.7 (1.5)	19.7 (1.1)	21.1 (0.9)	31.8 (1.1)	45.0 (1.0)	55.4 (0.9)	62.2 (0.9)
Received two COVID-19 vaccinations							
North Dakota (Total N=1,161)	NR**	17.4 (3.3)	32.3 (3.9)	50.0 (4.1)	52.4 (3.4)	57.2 (3.1)	51.6 (3.1)
Received two COVID-19 vaccinations							
Ohio (Total N=13,428)	8.3 (1.2)	14.6 (1.0)	25.6 (1.1)	33.1 (1.2)	42.8 (1.0)	47.9 (0.9)	53.7 (0.9)
Received two COVID-19 vaccinations							
Oklahoma (Total N=6,964)	21.5 (2.0)	19.9 (1.4)	25.8 (1.4)	44.2 (1.7)	54.2 (1.4)	58.5 (1.4)	64.4 (1.3)
Received two COVID-19 vaccinations							
Oregon (Total N=5,689)	17.9 (2.5)	18.1 (1.6)	22.8 (1.5)	31.3 (1.8)	45.4 (1.5)	52.1 (1.5)	64.2 (1.3)
Received two COVID-19 vaccinations							
Pennsylvania (Total N=15,912)	21.6 (1.6)	26.9 (1.1)	26.5 (1.0)	31.9 (1.1)	37.4 (0.9)	44.1 (0.8)	51.1 (0.8)
Received two COVID-19 vaccinations							
Rhode Island (Total N=1,227)	NR**	28.0 (3.7)	31.5 (3.8)	36.0 (3.9)	44.3 (3.6)	47.9 (3.2)	54.5 (2.7)
Received two COVID-19 vaccinations							
South Carolina (Total N=7,701)	26.8 (2.7)	25.0 (1.7)	24.1 (1.3)	32.7 (1.5)	43.2 (1.3)	54.1 (1.2)	60.6 (1.2)
Received two COVID-19 vaccinations							
South Dakota (Total N=1,511)	NR**	23.5 (3.4)	39.5 (3.3)	48.3 (3.7)	46.7 (3.1)	55.7 (2.7)	58.7 (2.6)
Received two COVID-19 vaccinations							
Tennessee (Total N=6,887)	21.8 (2.0)	29.8 (1.6)	49.8 (1.6)	55.2 (1.8)	53.4 (1.5)	53.8 (1.3)	58.5 (1.3)
Received two COVID-19 vaccinations							
Texas (Total N=28,382)	16.4 (1.0)	19.7 (0.7)	28.2 (0.7)	36.9 (0.8)	45.8 (0.7)	54.5 (0.7)	62.5 (0.6)
Received two COVID-19 vaccinations							
Utah (Total N=3,569)							

Received two COVID-19 vaccinations	11.0 (2.5)	14.1 (1.7)	26.9 (2.0)	35.3 (2.3)	49.2 (1.9)	59.4 (1.8)	62.3 (1.8)
Vermont (Total N=1,114)							
Received two COVID-19 vaccinations	NR**	31.1 (4.0)	37.9 (3.9)	47.0 (4.3)	50.8 (3.6)	59.9 (3.2)	63.2 (3.0)
Virginia (Total N=12,162)							
Received two COVID-19 vaccinations	19.8 (1.8)	23.3 (1.3)	23.6 (1.1)	27.9 (1.1)	39.2 (1.0)	47.5 (1.0)	57.7 (1.0)
Washington (Total N=10,197)							
Received two COVID-19 vaccinations	17.7 (2.0)	23.1 (1.4)	23.6 (1.2)	29.5 (1.3)	36.3 (1.1)	46.2 (1.1)	59.7 (1.0)
West Virginia (Total N=3,952)							
Received two COVID-19 vaccinations	21.5 (2.7)	29.1 (2.2)	37.4 (2.0)	46.7 (2.2)	53.0 (1.9)	61.9 (1.8)	66.4 (1.7)
Wisconsin (Total N=7,677)							
Received two COVID-19 vaccinations	17.5 (2.3)	27.5 (1.8)	26.4 (1.5)	32.1 (1.5)	38.1 (1.3)	50.2 (1.3)	59.4 (1.2)
Wyoming (Total N=1,131)							
Received two COVID-19 vaccinations	NR**	18.0 (3.6)	15.2 (3.1)	32.7 (4.2)	43.7 (3.3)	49.2 (3.2)	55.9 (3.0)

* Non-Hispanic race/ethnicity groups.

** Not reported because not enough data were collected for aggregate reporting.

D. Table of Vaccine-Hesitant Adults Who are Concerned about a Side Effect

Table D.1. Weekly weighted percentages (standard error) of vaccine-hesitant adults who are concerned about a side effect, Jan 10 – Feb 27, 2021

	Jan 10– Jan 16	Jan 17– Jan 23	Jan 24– Jan 30	Jan 31– Feb 06	Feb 07– Feb 13	Feb 14– Feb 20	Feb 21– Feb 27
Overall (Total N=361,042)							
Concerned about a side effect	73.4 (0.2)	73.0 (0.2)	73.2 (0.2)	73.6 (0.2)	69.1 (0.2)	68.7 (0.2)	69.6 (0.2)
By Healthcare Worker Status:							
Healthcare Workers (Total N=21,755)							
Concerned about a side effect	74.9 (0.9)	77.1 (0.7)	76.9 (0.7)	75.4 (0.8)	72.1 (0.8)	70.4 (0.9)	72.4 (0.9)
Non-Healthcare Workers (Total N=149,429)							
Concerned about a side effect	72.5 (0.4)	72.2 (0.3)	72.5 (0.3)	72.6 (0.3)	67.0 (0.3)	65.6 (0.3)	66.6 (0.3)
By Age:							
65+ years (Total N=45,537)							
Concerned about a side effect	72.3 (0.7)	73.1 (0.5)	74.3 (0.5)	74.7 (0.5)	70.0 (0.6)	70.6 (0.6)	71.2 (0.6)
45-64 years (Total N=120,563)							
Concerned about a side effect	73.4 (0.4)	73.5 (0.3)	74.3 (0.3)	75.5 (0.3)	69.7 (0.3)	69.9 (0.4)	71.4 (0.3)
25-44 years (Total N=125,206)							
Concerned about a side effect	74.6 (0.4)	74.2 (0.3)	74.0 (0.3)	73.6 (0.3)	69.2 (0.3)	68.2 (0.4)	68.6 (0.4)
18-24 years (Total N=23,058)							
Concerned about a side effect	74.9 (0.9)	73.4 (0.7)	73.3 (0.7)	73.2 (0.8)	69.0 (0.8)	68.3 (0.8)	68.5 (0.9)
By Eligible Health Conditions:							

Any Eligible Health Condition (Total N=95,484)							
Concerned about a side effect	78.5 (0.4)	78.5 (0.3)	79.3 (0.3)	79.8 (0.3)	76.2 (0.4)	78.1 (0.3)	78.7 (0.4)
No Eligible Health Condition (Total N=257,420)							
Concerned about a side effect	72.0 (0.3)	71.7 (0.2)	71.7 (0.2)	72.0 (0.2)	67.0 (0.2)	65.9 (0.3)	66.7 (0.3)
By Race/Ethnicity:							
Hispanic (Total N=40,231)							
Concerned about a side effect	77.4 (0.6)	77.6 (0.5)	76.7 (0.5)	78.1 (0.5)	72.9 (0.6)	73.0 (0.6)	73.4 (0.6)
American Indian or Alaska Native* (Total N=4,448)							
Concerned about a side effect	71.3 (2.2)	70.7 (1.7)	74.2 (1.6)	71.3 (1.7)	71.6 (1.8)	69.7 (1.9)	68.8 (1.9)
Asian* (Total N=3,148)							
Concerned about a side effect	78.9 (2.3)	76.7 (1.7)	79.0 (1.7)	74.4 (2.0)	73.1 (2.1)	70.4 (2.2)	75.3 (2.2)
Black or African American* (Total N=31,051)							
Concerned about a side effect	80.7 (0.7)	78.1 (0.5)	79.0 (0.6)	80.0 (0.6)	78.2 (0.6)	78.1 (0.7)	80.5 (0.7)
Native Hawaiian or Pacific Islander* (Total N=505)							
Concerned about a side effect	NR**	63.7 (4.0)	82.7 (3.3)	NR**	71.0 (4.2)	NR**	74.7 (4.1)
Multiracial or Other* (Total N=19,627)							
Concerned about a side effect	70.2 (1.1)	72.8 (0.8)	72.6 (0.8)	73.0 (0.8)	67.4 (0.9)	68.0 (0.9)	69.1 (0.9)
White* (Total N=211,142)							
Concerned about a side effect	72.5 (0.3)	72.2 (0.2)	72.6 (0.2)	72.7 (0.3)	67.5 (0.3)	66.9 (0.3)	67.4 (0.3)
By Gender:							
Female (Total N=208,281)							
Concerned about a side effect	78.8 (0.3)	79.0 (0.2)	79.1 (0.2)	79.8 (0.2)	75.7 (0.3)	75.5 (0.3)	77.0 (0.3)

Male (Total N=94,771)	68.4 (0.5)	67.8 (0.4)	68.3 (0.4)	67.8 (0.4)	62.5 (0.4)	61.8 (0.4)	62.1 (0.4)
Concerned about a side effect							
Other (Total N=5,377)	67.0 (2.1)	64.6 (1.7)	68.0 (1.6)	70.1 (1.6)	61.9 (1.7)	65.2 (1.7)	61.9 (1.7)
Concerned about a side effect							
By State:							
Alabama (Total N=7,487)							
Concerned about a side effect	75.1 (1.6)	73.2 (1.2)	71.3 (1.3)	73.7 (1.3)	72.1 (1.4)	70.6 (1.4)	68.3 (1.5)
Alaska (Total N=1,127)							
Concerned about a side effect	75.9 (4.2)	69.0 (3.4)	75.6 (3.1)	72.9 (3.5)	72.9 (3.4)	60.0 (4.1)	65.5 (3.8)
Arizona (Total N=7,393)							
Concerned about a side effect	75.3 (1.6)	74.5 (1.2)	72.5 (1.3)	69.3 (1.4)	70.8 (1.4)	65.9 (1.5)	65.8 (1.5)
Arkansas (Total N=4,704)							
Concerned about a side effect	75.9 (1.9)	71.9 (1.6)	74.0 (1.7)	76.4 (1.6)	72.1 (1.7)	71.5 (1.7)	75.8 (1.7)
California (Total N=24,175)							
Concerned about a side effect	73.5 (0.9)	75.7 (0.6)	76.3 (0.7)	74.7 (0.7)	70.3 (0.8)	70.1 (0.8)	70.0 (0.8)
Colorado (Total N=5,393)							
Concerned about a side effect	70.9 (2.1)	70.5 (1.5)	68.8 (1.6)	70.1 (1.6)	64.1 (1.7)	64.9 (1.7)	67.9 (1.7)
Connecticut (Total N=3,441)							
Concerned about a side effect	76.6 (2.3)	77.3 (1.7)	75.6 (1.8)	80.4 (1.7)	73.5 (2.0)	74.7 (2.0)	77.7 (2.0)
Delaware (Total N=1,390)							
Concerned about a side effect	79.2 (3.5)	80.8 (2.6)	78.4 (2.8)	78.1 (2.8)	69.8 (3.4)	74.2 (3.1)	76.5 (2.9)
District Of Columbia (Total N=NR**)							
Concerned about a side effect	NR**	NR**	NR**	NR**	NR**	NR**	NR**
Florida (Total N=26,270)							
Concerned about a side effect	73.3 (0.9)	71.1 (0.7)	72.9 (0.7)	73.7 (0.7)	70.1 (0.7)	69.3 (0.7)	71.3 (0.8)
Georgia (Total N=12,266)							
Concerned about a side effect	77.0 (1.2)	72.6 (1.0)	73.6 (1.0)	76.6 (1.0)	70.9 (1.1)	71.0 (1.1)	70.1 (1.2)

Hawaii (Total N=1,055)	71.2 (4.3)	75.7 (3.1)	81.6 (2.9)	74.8 (3.7)	69.6 (3.8)	72.4 (3.7)	74.6 (3.6)
Concerned about a side effect							
Idaho (Total N=3,135)	70.7 (2.6)	66.9 (2.0)	71.5 (2.0)	75.2 (2.1)	65.6 (2.2)	60.1 (2.3)	66.9 (2.2)
Concerned about a side effect							
Illinois (Total N=13,054)	72.7 (1.2)	72.7 (0.9)	72.0 (1.0)	72.4 (1.0)	70.2 (1.1)	66.2 (1.1)	68.2 (1.1)
Concerned about a side effect							
Indiana (Total N=9,286)	72.4 (1.5)	72.1 (1.1)	71.3 (1.2)	71.1 (1.2)	65.5 (1.3)	68.1 (1.3)	67.0 (1.4)
Concerned about a side effect							
Iowa (Total N=4,794)	66.0 (2.3)	67.4 (1.7)	69.5 (1.6)	65.5 (1.8)	62.1 (1.8)	61.9 (1.8)	66.0 (1.8)
Concerned about a side effect							
Kansas (Total N=4,159)	72.3 (2.2)	71.3 (1.7)	72.5 (1.7)	72.3 (1.8)	64.7 (1.9)	64.3 (1.9)	66.3 (2.0)
Concerned about a side effect							
Kentucky (Total N=6,651)	77.7 (1.6)	72.1 (1.3)	74.2 (1.3)	71.5 (1.4)	70.9 (1.5)	70.8 (1.5)	70.2 (1.6)
Concerned about a side effect							
Louisiana (Total N=7,118)	73.5 (1.6)	73.0 (1.2)	70.0 (1.3)	77.1 (1.3)	68.7 (1.5)	69.5 (1.5)	69.7 (1.5)
Concerned about a side effect							
Maine (Total N=2,319)	73.8 (2.9)	71.0 (2.2)	68.8 (2.3)	70.9 (2.5)	64.1 (2.7)	67.2 (2.6)	65.4 (2.9)
Concerned about a side effect							
Maryland (Total N=4,200)	76.8 (1.9)	75.3 (1.6)	78.5 (1.6)	75.6 (1.8)	74.2 (1.8)	72.5 (1.8)	73.7 (2.0)
Concerned about a side effect							
Massachusetts (Total N=4,315)	76.1 (2.0)	76.2 (1.5)	72.4 (1.6)	75.5 (1.7)	67.4 (1.9)	71.2 (1.9)	70.0 (2.1)
Concerned about a side effect							
Michigan (Total N=14,945)	69.3 (1.2)	71.1 (0.9)	71.8 (0.9)	72.6 (0.9)	67.5 (1.0)	67.5 (1.0)	68.8 (1.0)
Concerned about a side effect							
Minnesota (Total N=4,569)	64.1 (2.3)	69.3 (1.7)	67.6 (1.7)	66.6 (1.9)	64.9 (1.8)	61.2 (1.9)	65.6 (1.8)
Concerned about a side effect							
Mississippi (Total N=4,747)	78.3 (1.8)	77.2 (1.4)	74.2 (1.6)	74.8 (1.6)	74.5 (1.7)	69.9 (1.8)	73.6 (1.8)
Concerned about a side effect							

Missouri (Total N=7,840)	69.8 (1.6)	74.1 (1.2)	70.5 (1.3)	73.7 (1.3)	66.5 (1.4)	63.8 (1.4)	70.5 (1.4)
Concerned about a side effect							
Montana (Total N=2,046)	64.3 (3.6)	64.9 (2.6)	63.4 (2.6)	68.7 (2.7)	65.9 (2.8)	62.4 (2.8)	69.3 (2.6)
Concerned about a side effect							
Nebraska (Total N=2,284)	66.0 (3.2)	65.5 (2.5)	67.1 (2.5)	72.4 (2.4)	66.6 (2.6)	66.2 (2.7)	63.7 (2.6)
Concerned about a side effect							
Nevada (Total N=3,045)	74.0 (2.6)	73.4 (2.0)	74.1 (2.0)	77.5 (1.9)	65.3 (2.3)	68.5 (2.3)	69.7 (2.2)
Concerned about a side effect							
New Hampshire (Total N=1,854)	70.7 (3.2)	71.4 (2.4)	71.3 (2.6)	72.3 (2.8)	69.1 (2.8)	67.8 (2.9)	70.7 (3.1)
Concerned about a side effect							
New Jersey (Total N=6,481)	74.8 (1.7)	77.8 (1.2)	76.8 (1.3)	75.3 (1.4)	73.5 (1.4)	67.9 (1.6)	74.2 (1.5)
Concerned about a side effect							
New Mexico (Total N=3,010)	75.4 (2.7)	75.9 (2.3)	72.8 (1.9)	73.3 (2.0)	71.1 (2.1)	63.4 (2.2)	63.5 (2.3)
Concerned about a side effect							
New York (Total N=16,397)	78.4 (1.0)	76.7 (0.8)	75.8 (0.8)	77.8 (0.8)	71.5 (0.9)	72.2 (1.0)	74.8 (0.9)
Concerned about a side effect							
North Carolina (Total N=13,368)	74.8 (1.1)	74.4 (0.9)	74.5 (0.9)	76.7 (1.0)	68.9 (1.1)	73.4 (1.0)	72.0 (1.1)
Concerned about a side effect							
North Dakota (Total N=1,173)	68.6 (4.2)	63.9 (3.5)	65.2 (3.6)	71.2 (3.7)	58.8 (3.9)	62.8 (3.4)	56.6 (3.7)
Concerned about a side effect							
Ohio (Total N=16,760)	71.6 (1.1)	70.9 (0.8)	73.1 (0.8)	73.1 (0.9)	67.7 (1.0)	69.2 (0.9)	68.6 (1.0)
Concerned about a side effect							
Oklahoma (Total N=6,500)	72.5 (1.7)	71.5 (1.3)	73.2 (1.3)	71.1 (1.5)	69.0 (1.5)	67.4 (1.6)	69.2 (1.6)
Concerned about a side effect							
Oregon (Total N=4,885)	71.9 (2.1)	69.7 (1.5)	73.5 (1.6)	75.8 (1.6)	68.1 (1.8)	68.3 (1.8)	68.6 (1.8)
Concerned about a side effect							
Pennsylvania (Total N=15,283)	72.1 (1.2)	73.6 (0.9)	74.1 (0.9)	72.8 (0.9)	67.2 (1.0)	66.5 (1.0)	69.2 (1.0)
Concerned about a side effect							

E. Table of Influence of Information Sources on Vaccine-Hesitant Adults

Table E.1. Weekly weighted percentages (standard error) of vaccine-hesitant adults who are more likely to get vaccinated if recommended by various information sources, Jan 10 – Feb 27, 2021

	Jan 10– Jan 16	Jan 17– Jan 23	Jan 24– Jan 30	Jan 31– Feb 06	Feb 07– Feb 13	Feb 14– Feb 20	Feb 21– Feb 27
Overall (Total N=1,804,414)							
Local health workers	10.4 (0.2)	9.7 (0.1)	9.7 (0.1)	9.2 (0.1)	14.3 (0.2)	16.7 (0.2)	16.2 (0.2)
Friends and family	12.3 (0.2)	11.9 (0.1)	11.6 (0.1)	11.7 (0.1)	10.2 (0.1)	10.1 (0.1)	9.4 (0.1)
World Health Organization	6.4 (0.1)	6.4 (0.1)	6.3 (0.1)	5.7 (0.1)	5.1 (0.1)	4.8 (0.1)	4.4 (0.1)
Government health officials	3.9 (0.1)	3.8 (0.1)	3.8 (0.1)	3.6 (0.1)	2.9 (0.1)	2.6 (0.1)	2.6 (0.1)
Politicians	1.2 (0.1)	1.2 (<0.1)	1.2 (<0.1)	1.1 (<0.1)	1.1 (<0.1)	0.9 (<0.1)	1.0 (<0.1)
By Healthcare Worker Status:							
Healthcare Workers (Total N=93,214)							
Local health workers	9.6 (0.6)	9.1 (0.5)	7.5 (0.4)	7.6 (0.5)	11.8 (0.6)	14.3 (0.6)	13.9 (0.7)
Friends and family	9.4 (0.6)	9.2 (0.5)	9.1 (0.5)	8.5 (0.5)	7.5 (0.5)	7.2 (0.5)	6.7 (0.5)
World Health Organization	5.8 (0.5)	5.9 (0.4)	4.8 (0.4)	4.4 (0.4)	4.3 (0.4)	4.1 (0.4)	3.2 (0.3)
Government health officials	2.3 (0.3)	2.7 (0.3)	2.5 (0.3)	2.2 (0.3)	2.0 (0.3)	2.0 (0.3)	1.3 (0.2)
Politicians	0.6 (0.2)	0.7 (0.1)	0.6 (0.1)	0.3 (0.1)	0.7 (0.2)	0.5 (0.1)	0.4 (0.1)
Non-Healthcare Workers (Total N=732,455)							
Local health workers	10.7 (0.2)	9.9 (0.2)	9.7 (0.2)	9.3 (0.2)	14.4 (0.2)	17.1 (0.3)	16.7 (0.3)
Friends and family	12.8 (0.3)	12.1 (0.2)	12.1 (0.2)	12.1 (0.2)	10.5 (0.2)	10.2 (0.2)	9.7 (0.2)
World Health Organization	6.1 (0.2)	5.8 (0.1)	5.8 (0.1)	5.1 (0.1)	4.3 (0.1)	4.2 (0.1)	3.7 (0.1)
Government health officials	3.4 (0.1)	3.2 (0.1)	3.2 (0.1)	2.6 (0.1)	2.2 (0.1)	2.0 (0.1)	1.9 (0.1)
Politicians	0.7 (0.1)	0.7 (0.1)	0.8 (0.1)	0.6 (0.1)	0.6 (0.1)	0.5 (<0.1)	0.5 (<0.1)
By Age:							

World Health Organization	6.2 (0.3)	5.5 (0.2)	5.7 (0.2)	5.2 (0.2)	4.7 (0.2)	3.9 (0.2)	3.6 (0.2)
Government health officials	4.1 (0.2)	3.8 (0.2)	3.7 (0.2)	3.8 (0.2)	2.7 (0.1)	2.3 (0.1)	2.1 (0.1)
Politicians	1.4 (0.1)	1.4 (0.1)	1.3 (0.1)	1.2 (0.1)	1.1 (0.1)	0.9 (0.1)	0.9 (0.1)
No Eligible Health Condition (Total N=1,284,114)							
Local health workers	10.3 (0.2)	9.6 (0.1)	9.6 (0.1)	9.2 (0.1)	13.6 (0.2)	15.9 (0.2)	15.7 (0.2)
Friends and family	12.5 (0.2)	12.2 (0.2)	11.7 (0.2)	12.0 (0.2)	10.3 (0.2)	10.4 (0.2)	9.8 (0.2)
World Health Organization	6.4 (0.1)	6.6 (0.1)	6.3 (0.1)	5.8 (0.1)	5.2 (0.1)	5.0 (0.1)	4.6 (0.1)
Government health officials	3.8 (0.1)	3.8 (0.1)	3.8 (0.1)	3.4 (0.1)	2.9 (0.1)	2.6 (0.1)	2.6 (0.1)
Politicians	1.1 (0.1)	1.1 (<0.1)	1.1 (0.1)	1.0 (0.1)	1.0 (0.1)	0.9 (0.1)	1.0 (0.1)

By Race/Ethnicity:

Hispanic (Total N=190,476)

Local health workers	12.3 (0.5)	12.0 (0.4)	11.5 (0.4)	11.6 (0.4)	17.0 (0.5)	19.3 (0.6)	18.5 (0.6)
Friends and family	14.2 (0.5)	14.1 (0.4)	13.6 (0.4)	15.2 (0.5)	12.8 (0.4)	12.0 (0.5)	11.8 (0.5)
World Health Organization	10.7 (0.5)	11.1 (0.4)	11.0 (0.4)	10.2 (0.4)	9.7 (0.4)	8.9 (0.4)	7.6 (0.4)
Government health officials	7.6 (0.4)	6.8 (0.3)	7.1 (0.3)	7.1 (0.3)	6.1 (0.3)	5.5 (0.3)	5.4 (0.3)
Politicians	2.6 (0.2)	2.3 (0.2)	2.4 (0.2)	2.5 (0.2)	2.3 (0.2)	1.8 (0.2)	1.9 (0.2)

**American Indian or Alaska Native* (Total
N=19,414)**

Local health workers	6.9 (1.2)	8.3 (1.0)	7.4 (0.9)	7.6 (1.0)	12.5 (1.3)	13.2 (1.4)	13.0 (1.4)
Friends and family	8.1 (1.3)	10.5 (1.1)	10.6 (1.1)	8.4 (1.1)	9.1 (1.1)	8.8 (1.2)	5.6 (0.9)
World Health Organization	6.4 (1.2)	5.0 (0.8)	6.8 (0.9)	4.0 (0.8)	5.7 (0.9)	3.1 (0.7)	3.5 (0.7)
Government health officials	2.7 (0.8)	3.2 (0.6)	3.5 (0.7)	4.1 (0.8)	3.0 (0.7)	1.5 (0.5)	2.2 (0.6)
Politicians	1.0 (0.5)	1.4 (0.4)	1.7 (0.5)	1.0 (0.4)	1.0 (0.4)	1.1 (0.4)	0.2 (0.2)

Asian* (Total N=13,614)

Local health workers	18.6 (2.2)	16.4 (1.5)	15.8 (1.6)	15.0 (1.7)	25.0 (2.1)	25.2 (2.2)	32.6 (2.5)
Friends and family	17.1 (2.1)	17.4 (1.5)	16.0 (1.6)	17.3 (1.8)	16.5 (1.8)	14.5 (1.8)	16.9 (2.0)
World Health Organization	15.5 (2.0)	17.5 (1.6)	15.5 (1.6)	14.6 (1.7)	13.9 (1.7)	15.2 (1.8)	16.3 (1.9)
Government health officials	13.2 (1.9)	12.0 (1.3)	10.6 (1.3)	12.0 (1.5)	11.6 (1.6)	8.5 (1.4)	9.2 (1.5)

Politicians	2.6 (0.9)	4.2 (0.8)	3.2 (0.8)	2.3 (0.7)	3.9 (1.0)	2.9 (0.8)	2.4 (0.8)
Black or African American* (Total N=155,137)							
Local health workers	10.1 (0.5)	9.4 (0.4)	8.7 (0.4)	8.3 (0.4)	14.1 (0.5)	16.3 (0.6)	15.4 (0.6)
Friends and family	13.0 (0.6)	12.1 (0.4)	12.5 (0.4)	12.2 (0.5)	11.7 (0.5)	12.0 (0.5)	11.8 (0.5)
World Health Organization	8.8 (0.5)	8.3 (0.4)	7.3 (0.4)	7.6 (0.4)	7.6 (0.4)	7.2 (0.4)	6.5 (0.4)
Government health officials	5.6 (0.4)	5.3 (0.3)	5.2 (0.3)	4.6 (0.3)	4.6 (0.3)	3.6 (0.3)	3.7 (0.3)
Politicians	1.9 (0.2)	1.8 (0.2)	1.8 (0.2)	1.4 (0.2)	2.0 (0.2)	1.6 (0.2)	1.8 (0.2)
Native Hawaiian or Pacific Islander* (Total N=2,186)							
Local health workers	12.3 (3.3)	12.4 (2.8)	10.0 (2.6)	NR**	17.7 (3.6)	NR**	12.9 (3.2)
Friends and family	9.3 (2.9)	10.3 (2.5)	10.7 (2.7)	NR**	15.1 (3.3)	NR**	9.7 (2.9)
World Health Organization	10.2 (3.0)	4.2 (1.7)	6.4 (2.1)	NR**	6.4 (2.3)	NR**	4.1 (1.9)
Government health officials	11.2 (3.1)	4.0 (1.6)	6.2 (2.1)	NR**	3.9 (1.8)	NR**	2.3 (1.5)
Politicians	4.5 (2.1)	0.3 (0.5)	0.4 (0.5)	NR**	1.3 (1.1)	NR**	0.5 (0.7)
Multiracial or Other* (Total N=92,977)							
Local health workers	8.9 (0.7)	7.6 (0.5)	8.0 (0.5)	7.7 (0.5)	12.0 (0.6)	13.2 (0.6)	13.5 (0.6)
Friends and family	9.8 (0.7)	10.0 (0.5)	10.4 (0.5)	10.1 (0.6)	8.3 (0.5)	9.2 (0.5)	8.9 (0.5)
World Health Organization	5.6 (0.5)	5.0 (0.4)	5.5 (0.4)	5.1 (0.4)	4.4 (0.4)	3.8 (0.4)	3.2 (0.3)
Government health officials	2.8 (0.4)	2.4 (0.3)	3.0 (0.3)	2.6 (0.3)	2.5 (0.3)	1.5 (0.2)	1.1 (0.2)
Politicians	0.8 (0.2)	0.9 (0.2)	0.7 (0.1)	0.8 (0.2)	0.9 (0.2)	0.8 (0.2)	0.4 (0.1)
White* (Total N=1,030,064)							
Local health workers	10.3 (0.2)	9.7 (0.2)	9.5 (0.2)	9.2 (0.2)	14.3 (0.2)	17.2 (0.2)	16.3 (0.2)
Friends and family	12.2 (0.2)	11.6 (0.2)	11.2 (0.2)	11.2 (0.2)	9.6 (0.2)	9.4 (0.2)	8.6 (0.2)
World Health Organization	4.8 (0.1)	4.9 (0.1)	4.6 (0.1)	4.2 (0.1)	3.5 (0.1)	3.5 (0.1)	3.1 (0.1)
Government health officials	2.6 (0.1)	2.6 (0.1)	2.5 (0.1)	2.2 (0.1)	1.6 (0.1)	1.7 (0.1)	1.5 (0.1)
Politicians	0.5 (0.1)	0.6 (<0.1)	0.6 (<0.1)	0.5 (<0.1)	0.5 (<0.1)	0.4 (<0.1)	0.5 (<0.1)

By Gender:

Female (Total N=1,042,212)

Local health workers	11.2 (0.2)	10.6 (0.2)	10.4 (0.2)	10.2 (0.2)	15.3 (0.2)	17.5 (0.2)	16.8 (0.2)
Friends and family	12.5 (0.2)	12.1 (0.2)	11.6 (0.2)	11.5 (0.2)	10.2 (0.2)	9.7 (0.2)	9.3 (0.2)
World Health Organization	7.1 (0.2)	7.3 (0.1)	7.0 (0.1)	6.8 (0.1)	5.9 (0.1)	5.5 (0.1)	5.0 (0.1)
Government health officials	4.1 (0.1)	3.9 (0.1)	3.9 (0.1)	3.8 (0.1)	3.1 (0.1)	2.7 (0.1)	2.5 (0.1)
Politicians	1.0 (0.1)	1.1 (0.1)	1.0 (0.1)	1.0 (0.1)	0.9 (0.1)	0.8 (0.1)	0.8 (0.1)
Male (Total N=456,875)							
Local health workers	10.2 (0.3)	9.5 (0.2)	9.1 (0.2)	8.7 (0.2)	14.3 (0.3)	17.5 (0.3)	16.7 (0.3)
Friends and family	12.9 (0.4)	12.3 (0.3)	12.2 (0.3)	12.5 (0.3)	10.6 (0.3)	10.8 (0.3)	9.7 (0.3)
World Health Organization	5.7 (0.2)	5.5 (0.2)	5.2 (0.2)	4.5 (0.2)	4.3 (0.2)	4.2 (0.2)	3.6 (0.2)
Government health officials	3.8 (0.2)	3.6 (0.1)	3.5 (0.1)	2.9 (0.1)	2.5 (0.1)	2.3 (0.1)	2.3 (0.1)
Politicians	1.1 (0.1)	1.0 (0.1)	1.1 (0.1)	0.8 (0.1)	1.0 (0.1)	0.8 (0.1)	0.9 (0.1)
Other (Total N=20,182)							
Local health workers	6.6 (1.1)	7.4 (0.9)	6.7 (0.9)	8.5 (1.0)	10.4 (1.1)	11.7 (1.1)	10.6 (1.1)
Friends and family	9.8 (1.3)	8.7 (1.0)	9.5 (1.0)	10.7 (1.1)	7.7 (0.9)	7.0 (0.9)	7.2 (0.9)
World Health Organization	3.1 (0.8)	6.0 (0.8)	5.2 (0.8)	4.9 (0.8)	4.1 (0.7)	2.6 (0.6)	2.7 (0.6)
Government health officials	3.0 (0.8)	3.5 (0.6)	2.5 (0.5)	3.2 (0.6)	2.4 (0.5)	1.7 (0.5)	1.9 (0.5)
Politicians	2.0 (0.6)	1.4 (0.4)	1.5 (0.4)	1.6 (0.4)	1.9 (0.5)	1.0 (0.4)	1.1 (0.4)

By State:

Alabama (Total N=35,453)

Local health workers	7.8 (0.9)	9.5 (0.8)	9.6 (0.8)	7.9 (0.8)	15.1 (1.1)	14.9 (1.1)	15.9 (1.2)
Friends and family	10.3 (1.1)	11.3 (0.9)	11.8 (0.9)	10.6 (0.9)	10.6 (0.9)	10.6 (1.0)	9.1 (0.9)
World Health Organization	3.7 (0.7)	6.1 (0.7)	4.8 (0.6)	4.6 (0.6)	4.7 (0.7)	4.2 (0.6)	2.7 (0.5)
Government health officials	3.1 (0.6)	4.2 (0.6)	2.7 (0.5)	2.6 (0.5)	3.0 (0.5)	2.6 (0.5)	1.4 (0.4)
Politicians	0.6 (0.3)	1.2 (0.3)	1.2 (0.3)	0.8 (0.3)	0.8 (0.3)	0.6 (0.2)	0.6 (0.3)

Alaska (Total N=2,470)

Local health workers	12.9 (3.3)	7.2 (1.9)	8.5 (2.0)	7.4 (2.0)	11.5 (2.4)	10.4 (2.6)	12.1 (2.6)
Friends and family	12.9 (3.3)	9.4 (2.1)	11.9 (2.3)	8.5 (2.2)	11.6 (2.4)	5.3 (1.9)	6.1 (1.9)
World Health Organization	8.1 (2.7)	4.4 (1.5)	5.4 (1.6)	2.0 (1.1)	2.5 (1.2)	2.4 (1.3)	1.0 (0.8)

Government health officials	4.3 (2.0)	2.4 (1.1)	1.8 (1.0)	0.9 (0.7)	1.4 (0.9)	0.4 (0.5)	1.6 (1.0)
Politicians	0.5 (0.7)	1.3 (0.8)	0.3 (0.4)	0.3 (0.4)	0.8 (0.7)	0.4 (0.5)	1.0 (0.8)
Arizona (Total N=33,424)							
Local health workers	8.3 (1.0)	10.0 (0.8)	9.4 (0.8)	9.0 (0.9)	13.4 (1.1)	14.5 (1.1)	13.8 (1.1)
Friends and family	11.9 (1.2)	12.0 (0.9)	9.8 (0.8)	10.1 (0.9)	8.0 (0.9)	8.3 (0.9)	8.9 (0.9)
World Health Organization	6.4 (0.9)	5.8 (0.6)	6.3 (0.7)	5.0 (0.7)	5.2 (0.7)	3.2 (0.6)	4.2 (0.6)
Government health officials	2.9 (0.6)	2.8 (0.5)	3.8 (0.5)	1.7 (0.4)	3.2 (0.6)	2.3 (0.5)	1.2 (0.4)
Politicians	1.3 (0.4)	1.1 (0.3)	1.2 (0.3)	0.4 (0.2)	0.8 (0.3)	1.0 (0.3)	0.8 (0.3)
Arkansas (Total N=20,183)							
Local health workers	10.2 (1.3)	8.1 (1.0)	7.9 (1.0)	7.7 (1.0)	13.3 (1.3)	17.6 (1.5)	14.7 (1.4)
Friends and family	11.0 (1.4)	11.8 (1.1)	11.4 (1.2)	10.8 (1.2)	11.3 (1.2)	7.3 (1.0)	7.3 (1.0)
World Health Organization	5.5 (1.0)	5.0 (0.8)	4.1 (0.7)	5.4 (0.8)	5.0 (0.8)	5.1 (0.8)	2.4 (0.6)
Government health officials	4.7 (0.9)	2.8 (0.6)	2.3 (0.6)	2.8 (0.6)	2.5 (0.6)	1.8 (0.5)	1.9 (0.5)
Politicians	0.9 (0.4)	1.2 (0.4)	0.9 (0.4)	0.7 (0.3)	1.0 (0.4)	0.8 (0.3)	0.9 (0.4)
California (Total N=110,153)							
Local health workers	12.3 (0.6)	11.4 (0.5)	10.9 (0.5)	12.1 (0.6)	15.8 (0.6)	17.6 (0.7)	16.8 (0.7)
Friends and family	14.5 (0.7)	13.8 (0.5)	13.5 (0.5)	15.2 (0.6)	11.4 (0.6)	11.6 (0.6)	11.1 (0.6)
World Health Organization	8.4 (0.5)	8.6 (0.4)	9.7 (0.5)	8.4 (0.5)	7.5 (0.5)	7.1 (0.5)	7.0 (0.5)
Government health officials	6.4 (0.5)	5.4 (0.3)	6.4 (0.4)	5.7 (0.4)	4.2 (0.3)	4.4 (0.4)	4.3 (0.4)
Politicians	1.8 (0.3)	1.6 (0.2)	1.8 (0.2)	2.3 (0.3)	2.1 (0.3)	1.0 (0.2)	1.7 (0.2)
Colorado (Total N=21,817)							
Local health workers	12.8 (1.5)	11.2 (1.0)	8.8 (1.0)	10.3 (1.1)	11.3 (1.1)	14.7 (1.2)	16.7 (1.4)
Friends and family	11.7 (1.5)	13.0 (1.1)	11.8 (1.1)	13.4 (1.2)	10.2 (1.1)	8.5 (1.0)	9.8 (1.1)
World Health Organization	6.7 (1.1)	7.0 (0.8)	5.9 (0.8)	4.2 (0.7)	4.5 (0.7)	4.1 (0.7)	3.3 (0.7)
Government health officials	4.8 (1.0)	3.6 (0.6)	3.3 (0.6)	3.5 (0.7)	2.6 (0.6)	2.6 (0.6)	2.2 (0.5)
Politicians	1.0 (0.5)	0.8 (0.3)	1.2 (0.4)	1.1 (0.4)	1.0 (0.4)	0.4 (0.2)	1.4 (0.4)
Connecticut (Total N=15,300)							
Local health workers	11.2 (1.8)	10.4 (1.2)	10.0 (1.3)	6.4 (1.1)	12.8 (1.5)	17.6 (1.8)	15.7 (1.8)
Friends and family	10.6 (1.7)	9.8 (1.2)	10.8 (1.3)	10.1 (1.3)	8.0 (1.2)	10.1 (1.4)	10.7 (1.5)

World Health Organization	6.9 (1.4)	7.5 (1.0)	9.3 (1.2)	6.2 (1.1)	4.3 (0.9)	5.3 (1.1)	3.9 (0.9)
Government health officials	4.9 (1.2)	5.8 (0.9)	6.0 (1.0)	2.2 (0.6)	3.2 (0.8)	3.7 (0.9)	2.2 (0.7)
Politicians	1.8 (0.7)	1.3 (0.4)	1.9 (0.6)	0.6 (0.4)	0.9 (0.4)	1.8 (0.6)	1.2 (0.5)
Delaware (Total N=4,803)							
Local health workers	14.4 (3.0)	8.6 (1.8)	9.6 (2.0)	6.8 (1.8)	20.3 (3.0)	13.5 (2.4)	16.5 (2.5)
Friends and family	10.2 (2.6)	11.3 (2.0)	10.5 (2.1)	11.5 (2.2)	12.9 (2.5)	8.7 (2.0)	6.4 (1.7)
World Health Organization	5.4 (1.9)	6.2 (1.6)	4.8 (1.5)	4.2 (1.4)	4.2 (1.5)	4.2 (1.4)	7.1 (1.8)
Government health officials	4.6 (1.8)	2.1 (0.9)	4.4 (1.4)	3.2 (1.2)	2.6 (1.2)	1.8 (0.9)	1.6 (0.8)
Politicians	1.1 (0.9)	1.0 (0.7)	1.2 (0.7)	0.2 (0.3)	2.5 (1.1)	1.8 (0.9)	0.8 (0.6)
District Of Columbia (Total N=NR**)							
Local health workers	NR**	NR**	NR**	NR**	NR**	NR**	NR**
Friends and family	NR**	NR**	NR**	NR**	NR**	NR**	NR**
World Health Organization	NR**	NR**	NR**	NR**	NR**	NR**	NR**
Government health officials	NR**	NR**	NR**	NR**	NR**	NR**	NR**
Politicians	NR**	NR**	NR**	NR**	NR**	NR**	NR**
Florida (Total N=130,469)							
Local health workers	9.1 (0.6)	10.0 (0.4)	10.1 (0.5)	8.9 (0.5)	16.4 (0.6)	17.9 (0.6)	16.9 (0.6)
Friends and family	10.5 (0.6)	12.1 (0.5)	11.8 (0.5)	12.1 (0.5)	8.8 (0.5)	9.7 (0.5)	9.4 (0.5)
World Health Organization	6.2 (0.5)	6.7 (0.4)	6.5 (0.4)	5.5 (0.4)	5.7 (0.4)	5.2 (0.4)	4.4 (0.3)
Government health officials	4.6 (0.4)	3.5 (0.3)	3.9 (0.3)	3.6 (0.3)	3.5 (0.3)	3.4 (0.3)	2.7 (0.3)
Politicians	1.1 (0.2)	1.2 (0.2)	1.4 (0.2)	1.0 (0.2)	1.2 (0.2)	1.3 (0.2)	1.0 (0.2)
Georgia (Total N=56,841)							
Local health workers	9.0 (0.8)	7.8 (0.6)	9.4 (0.6)	9.9 (0.7)	14.3 (0.8)	19.0 (0.9)	14.7 (0.9)
Friends and family	12.3 (0.9)	11.5 (0.7)	13.6 (0.8)	12.0 (0.8)	9.5 (0.7)	12.6 (0.8)	10.0 (0.8)
World Health Organization	5.2 (0.6)	5.5 (0.5)	5.2 (0.5)	5.7 (0.5)	4.8 (0.5)	5.0 (0.5)	4.3 (0.5)
Government health officials	3.7 (0.5)	4.3 (0.4)	2.5 (0.3)	4.0 (0.5)	2.3 (0.4)	2.9 (0.4)	2.5 (0.4)
Politicians	0.9 (0.3)	1.3 (0.2)	0.9 (0.2)	1.3 (0.3)	1.0 (0.2)	0.5 (0.2)	1.6 (0.3)
Hawaii (Total N=3,430)							
Local health workers	10.2 (2.9)	12.3 (2.3)	9.9 (2.2)	8.3 (2.4)	13.7 (2.9)	12.0 (2.7)	16.5 (3.1)

Friends and family	13.8 (3.3)	13.1 (2.4)	8.2 (2.1)	12.5 (2.9)	12.5 (2.8)	8.6 (2.3)	12.1 (2.7)
World Health Organization	9.5 (2.8)	11.1 (2.2)	8.2 (2.0)	9.4 (2.5)	4.7 (1.8)	3.8 (1.6)	2.3 (1.2)
Government health officials	4.1 (1.9)	6.7 (1.8)	0.9 (0.7)	6.2 (2.1)	4.0 (1.7)	3.1 (1.5)	3.7 (1.6)
Politicians	1.4 (1.1)	3.1 (1.2)	1.3 (0.8)	1.8 (1.2)	0.4 (0.5)	1.0 (0.8)	1.7 (1.1)
Idaho (Total N=10,944)							
Local health workers	11.1 (1.8)	12.1 (1.4)	9.5 (1.3)	10.3 (1.5)	15.3 (1.7)	18.2 (1.8)	16.4 (1.8)
Friends and family	11.0 (1.8)	13.5 (1.5)	7.8 (1.2)	15.0 (1.7)	9.4 (1.4)	9.0 (1.4)	8.5 (1.3)
World Health Organization	2.1 (0.8)	3.9 (0.8)	3.9 (0.8)	2.9 (0.8)	3.5 (0.9)	4.8 (1.0)	3.1 (0.8)
Government health officials	1.5 (0.7)	1.7 (0.6)	2.3 (0.6)	1.0 (0.5)	1.7 (0.6)	1.1 (0.5)	1.7 (0.6)
Politicians	0.8 (0.5)	0.6 (0.3)	0.5 (0.3)	0.4 (0.3)	0.4 (0.3)	0.5 (0.3)	0.3 (0.3)
Illinois (Total N=59,749)							
Local health workers	10.3 (0.8)	8.7 (0.6)	10.6 (0.7)	9.5 (0.7)	14.6 (0.8)	17.1 (0.9)	17.4 (0.9)
Friends and family	11.0 (0.8)	10.6 (0.6)	13.0 (0.7)	12.4 (0.8)	9.9 (0.7)	11.3 (0.7)	8.2 (0.7)
World Health Organization	9.3 (0.8)	6.4 (0.5)	6.3 (0.5)	7.3 (0.6)	4.3 (0.5)	5.0 (0.5)	3.9 (0.5)
Government health officials	3.7 (0.5)	3.5 (0.4)	4.1 (0.4)	3.7 (0.4)	3.2 (0.4)	2.8 (0.4)	2.1 (0.4)
Politicians	0.8 (0.2)	1.3 (0.2)	1.2 (0.2)	1.5 (0.3)	0.7 (0.2)	0.4 (0.2)	0.5 (0.2)
Indiana (Total N=43,848)							
Local health workers	7.6 (0.9)	10.0 (0.7)	9.0 (0.7)	7.8 (0.7)	13.8 (0.9)	16.0 (1.0)	16.8 (1.1)
Friends and family	10.4 (1.0)	11.8 (0.8)	11.1 (0.8)	12.6 (0.9)	10.6 (0.8)	9.0 (0.8)	8.8 (0.8)
World Health Organization	4.2 (0.7)	5.5 (0.6)	6.5 (0.6)	4.4 (0.6)	3.5 (0.5)	4.4 (0.6)	4.1 (0.6)
Government health officials	2.9 (0.5)	2.9 (0.4)	3.7 (0.5)	2.5 (0.4)	1.6 (0.3)	2.1 (0.4)	3.5 (0.5)
Politicians	0.7 (0.3)	0.6 (0.2)	1.3 (0.3)	0.6 (0.2)	0.3 (0.1)	0.5 (0.2)	0.9 (0.3)
Iowa (Total N=17,170)							
Local health workers	10.4 (1.5)	9.6 (1.1)	9.6 (1.0)	8.9 (1.1)	15.8 (1.3)	15.8 (1.4)	14.3 (1.3)
Friends and family	10.1 (1.4)	9.9 (1.1)	9.7 (1.1)	8.1 (1.0)	11.1 (1.2)	10.1 (1.1)	7.7 (1.0)
World Health Organization	4.4 (1.0)	4.8 (0.8)	4.8 (0.8)	5.9 (0.9)	5.9 (0.9)	3.2 (0.7)	3.1 (0.7)
Government health officials	4.7 (1.0)	3.3 (0.6)	3.4 (0.6)	2.7 (0.6)	2.8 (0.6)	1.9 (0.5)	1.7 (0.5)
Politicians	1.0 (0.5)	1.0 (0.4)	1.0 (0.4)	0.5 (0.3)	1.1 (0.4)	1.1 (0.4)	1.3 (0.4)
Kansas (Total N=16,106)							

Local health workers	10.9 (1.5)	7.7 (1.0)	9.0 (1.1)	8.7 (1.1)	12.3 (1.3)	16.9 (1.5)	17.8 (1.6)
Friends and family	13.5 (1.7)	13.0 (1.3)	10.8 (1.2)	11.2 (1.3)	9.3 (1.2)	7.2 (1.0)	9.9 (1.3)
World Health Organization	6.5 (1.2)	3.7 (0.7)	4.0 (0.8)	5.1 (0.9)	3.7 (0.8)	3.9 (0.8)	4.0 (0.8)
Government health officials	2.1 (0.7)	2.6 (0.6)	2.9 (0.6)	3.6 (0.7)	1.3 (0.5)	2.0 (0.6)	1.5 (0.5)
Politicians	1.3 (0.6)	0.4 (0.3)	0.8 (0.4)	0.6 (0.3)	0.9 (0.4)	0.9 (0.4)	0.5 (0.3)
Kentucky (Total N=32,855)							
Local health workers	9.4 (1.1)	7.8 (0.8)	6.6 (0.7)	9.4 (0.9)	13.2 (1.1)	14.3 (1.1)	15.6 (1.2)
Friends and family	14.8 (1.4)	8.9 (0.8)	12.3 (1.0)	12.0 (1.0)	9.7 (0.9)	9.4 (1.0)	8.9 (1.0)
World Health Organization	5.9 (0.9)	4.6 (0.6)	3.8 (0.6)	4.5 (0.7)	4.2 (0.6)	3.5 (0.6)	3.5 (0.6)
Government health officials	2.1 (0.6)	2.1 (0.4)	2.4 (0.5)	2.3 (0.5)	1.2 (0.3)	2.5 (0.5)	1.1 (0.4)
Politicians	1.2 (0.4)	0.5 (0.2)	1.1 (0.3)	1.1 (0.3)	0.4 (0.2)	0.4 (0.2)	0.5 (0.3)
Louisiana (Total N=32,692)							
Local health workers	9.4 (1.0)	9.2 (0.8)	9.6 (0.9)	9.2 (0.9)	14.0 (1.1)	17.9 (1.3)	16.7 (1.3)
Friends and family	11.3 (1.1)	11.6 (0.9)	10.3 (0.9)	10.6 (1.0)	9.3 (0.9)	11.0 (1.0)	9.2 (1.0)
World Health Organization	6.4 (0.9)	4.5 (0.6)	4.3 (0.6)	3.7 (0.6)	4.9 (0.7)	5.2 (0.7)	2.8 (0.6)
Government health officials	2.9 (0.6)	3.7 (0.5)	3.2 (0.5)	2.5 (0.5)	2.0 (0.4)	1.7 (0.4)	2.5 (0.5)
Politicians	1.4 (0.4)	1.6 (0.3)	1.2 (0.3)	0.9 (0.3)	1.1 (0.3)	1.2 (0.4)	1.5 (0.4)
Maine (Total N=8,198)							
Local health workers	9.1 (1.8)	9.6 (1.4)	8.7 (1.4)	11.2 (1.7)	14.4 (1.9)	15.5 (2.0)	12.0 (2.0)
Friends and family	9.9 (1.9)	9.3 (1.4)	7.5 (1.3)	9.8 (1.6)	8.8 (1.5)	8.9 (1.6)	9.0 (1.7)
World Health Organization	7.1 (1.6)	5.9 (1.1)	5.0 (1.1)	4.9 (1.2)	2.6 (0.9)	3.9 (1.1)	2.0 (0.8)
Government health officials	3.2 (1.1)	2.3 (0.7)	3.6 (0.9)	2.6 (0.9)	1.5 (0.7)	1.9 (0.7)	2.0 (0.8)
Politicians	0.8 (0.6)	0.3 (0.3)	0.9 (0.5)	1.1 (0.6)	0.9 (0.5)	0.5 (0.4)	0.7 (0.5)
Maryland (Total N=16,220)							
Local health workers	13.0 (1.6)	10.2 (1.1)	9.5 (1.1)	9.4 (1.2)	13.7 (1.4)	19.1 (1.6)	18.3 (1.7)
Friends and family	14.5 (1.6)	15.7 (1.3)	11.7 (1.2)	8.8 (1.2)	12.4 (1.3)	15.6 (1.5)	10.6 (1.4)
World Health Organization	8.9 (1.3)	9.4 (1.1)	7.9 (1.0)	6.8 (1.0)	4.6 (0.9)	7.0 (1.0)	6.9 (1.1)
Government health officials	4.4 (1.0)	6.3 (0.9)	5.3 (0.9)	4.4 (0.9)	2.2 (0.6)	3.7 (0.8)	4.5 (0.9)
Politicians	1.5 (0.6)	2.1 (0.5)	1.5 (0.5)	1.3 (0.5)	1.0 (0.4)	2.5 (0.6)	1.2 (0.5)

Massachusetts (Total N=17,217)									
Local health workers	13.2 (1.6)	12.8 (1.2)	9.9 (1.1)	11.5 (1.3)	14.9 (1.5)	19.3 (1.6)	16.0 (1.7)		
Friends and family	13.4 (1.6)	14.9 (1.3)	10.2 (1.1)	9.6 (1.2)	10.5 (1.3)	12.8 (1.4)	8.7 (1.3)		
World Health Organization	8.9 (1.3)	9.7 (1.1)	7.2 (0.9)	6.6 (1.0)	7.4 (1.1)	8.4 (1.2)	2.9 (0.8)		
Government health officials	4.2 (0.9)	5.4 (0.8)	4.7 (0.8)	3.9 (0.8)	4.5 (0.9)	5.0 (0.9)	3.2 (0.8)		
Politicians	2.0 (0.6)	2.1 (0.5)	1.2 (0.4)	1.4 (0.5)	1.7 (0.5)	3.0 (0.7)	1.0 (0.5)		
Michigan (Total N=73,333)									
Local health workers	9.5 (0.8)	8.7 (0.6)	7.8 (0.5)	9.6 (0.6)	11.7 (0.7)	15.4 (0.8)	13.9 (0.8)		
Friends and family	12.2 (0.8)	11.8 (0.6)	9.9 (0.6)	10.6 (0.7)	9.0 (0.6)	8.9 (0.6)	7.5 (0.6)		
World Health Organization	5.6 (0.6)	4.7 (0.4)	4.6 (0.4)	5.5 (0.5)	3.3 (0.4)	3.6 (0.4)	3.3 (0.4)		
Government health officials	3.7 (0.5)	2.8 (0.3)	2.4 (0.3)	3.9 (0.4)	1.9 (0.3)	2.1 (0.3)	1.7 (0.3)		
Politicians	1.2 (0.3)	1.3 (0.2)	1.1 (0.2)	1.0 (0.2)	0.3 (0.1)	0.7 (0.2)	0.7 (0.2)		
Minnesota (Total N=20,353)									
Local health workers	12.4 (1.6)	10.3 (1.1)	11.1 (1.2)	8.8 (1.1)	13.7 (1.3)	19.2 (1.5)	17.9 (1.5)		
Friends and family	15.7 (1.7)	13.7 (1.2)	10.5 (1.1)	12.8 (1.3)	8.1 (1.0)	9.4 (1.1)	9.8 (1.1)		
World Health Organization	4.5 (1.0)	7.3 (0.9)	5.1 (0.8)	4.8 (0.8)	4.2 (0.8)	5.6 (0.9)	5.3 (0.9)		
Government health officials	3.5 (0.9)	3.1 (0.6)	3.8 (0.7)	2.7 (0.6)	2.7 (0.6)	2.1 (0.6)	2.8 (0.6)		
Politicians	0.7 (0.4)	0.6 (0.3)	1.6 (0.5)	1.5 (0.5)	0.9 (0.4)	0.6 (0.3)	1.5 (0.5)		
Mississippi (Total N=21,637)									
Local health workers	9.7 (1.3)	8.8 (1.0)	9.8 (1.1)	10.1 (1.1)	12.3 (1.3)	14.8 (1.4)	19.8 (1.7)		
Friends and family	13.4 (1.4)	11.2 (1.1)	10.6 (1.1)	11.4 (1.2)	10.0 (1.2)	9.7 (1.1)	10.0 (1.2)		
World Health Organization	6.6 (1.1)	3.8 (0.7)	5.2 (0.8)	3.5 (0.7)	4.7 (0.8)	3.5 (0.7)	3.7 (0.8)		
Government health officials	3.6 (0.8)	3.9 (0.7)	3.6 (0.7)	3.2 (0.7)	2.6 (0.6)	2.1 (0.6)	2.6 (0.7)		
Politicians	2.1 (0.6)	1.8 (0.4)	2.2 (0.5)	1.8 (0.5)	1.6 (0.5)	1.1 (0.4)	1.1 (0.4)		
Missouri (Total N=38,419)									
Local health workers	8.7 (1.0)	8.3 (0.7)	8.3 (0.8)	7.5 (0.8)	12.0 (1.0)	14.1 (1.0)	14.4 (1.1)		
Friends and family	11.3 (1.1)	10.8 (0.8)	13.7 (0.9)	10.6 (0.9)	8.6 (0.8)	8.6 (0.8)	6.5 (0.8)		
World Health Organization	3.4 (0.6)	5.5 (0.6)	5.1 (0.6)	3.6 (0.5)	3.4 (0.5)	3.2 (0.5)	2.6 (0.5)		
Government health officials	2.1 (0.5)	2.6 (0.4)	2.2 (0.4)	2.7 (0.5)	1.5 (0.4)	1.7 (0.4)	1.2 (0.3)		

Politicians	0.7 (0.3)	0.4 (0.2)	0.8 (0.2)	0.7 (0.2)	0.5 (0.2)	0.8 (0.3)	0.4 (0.2)
Montana (Total N=7,138)							
Local health workers	8.5 (2.1)	7.0 (1.4)	7.5 (1.4)	8.8 (1.7)	12.3 (1.9)	17.8 (2.2)	14.6 (2.0)
Friends and family	7.7 (2.0)	11.3 (1.7)	10.6 (1.7)	12.6 (2.0)	8.8 (1.6)	9.9 (1.7)	7.9 (1.5)
World Health Organization	6.1 (1.8)	4.5 (1.1)	2.9 (0.9)	2.5 (0.9)	3.0 (1.0)	2.7 (0.9)	2.9 (1.0)
Government health officials	3.8 (1.4)	2.7 (0.9)	2.7 (0.9)	3.0 (1.0)	2.1 (0.8)	3.2 (1.0)	0.8 (0.5)
Politicians	0.3 (0.4)	0.1 (0.2)	0.7 (0.5)	1.7 (0.8)	1.4 (0.7)	1.0 (0.6)	0.2 (0.2)
Nebraska (Total N=7,954)							
Local health workers	10.8 (2.1)	9.3 (1.5)	12.1 (1.7)	9.8 (1.6)	12.6 (1.8)	17.4 (2.1)	14.1 (1.9)
Friends and family	11.0 (2.1)	10.2 (1.6)	9.7 (1.5)	10.4 (1.7)	7.5 (1.5)	10.0 (1.7)	11.2 (1.7)
World Health Organization	3.4 (1.2)	4.1 (1.0)	5.5 (1.2)	5.5 (1.2)	3.1 (1.0)	5.4 (1.3)	3.1 (0.9)
Government health officials	2.4 (1.0)	4.2 (1.0)	2.4 (0.8)	4.3 (1.1)	1.4 (0.7)	2.8 (0.9)	1.4 (0.6)
Politicians	0.6 (0.5)	1.9 (0.7)	1.3 (0.6)	1.1 (0.6)	0.4 (0.4)	0.8 (0.5)	0.9 (0.5)
Nevada (Total N=11,091)							
Local health workers	9.5 (1.7)	10.5 (1.3)	11.4 (1.4)	10.3 (1.4)	15.0 (1.7)	18.8 (1.9)	14.9 (1.7)
Friends and family	12.9 (1.9)	8.7 (1.2)	11.3 (1.4)	10.8 (1.5)	9.4 (1.4)	7.0 (1.2)	7.9 (1.3)
World Health Organization	6.9 (1.5)	6.3 (1.1)	8.0 (1.2)	5.8 (1.1)	5.8 (1.1)	5.3 (1.1)	4.6 (1.0)
Government health officials	2.9 (1.0)	4.3 (0.9)	3.7 (0.8)	5.4 (1.1)	3.9 (0.9)	3.1 (0.9)	2.2 (0.7)
Politicians	1.6 (0.7)	1.6 (0.6)	0.8 (0.4)	1.6 (0.6)	2.0 (0.7)	1.2 (0.5)	1.1 (0.5)
New Hampshire (Total N=6,019)							
Local health workers	8.6 (2.0)	7.6 (1.4)	11.6 (1.8)	10.4 (1.9)	16.0 (2.2)	21.5 (2.5)	15.4 (2.5)
Friends and family	10.6 (2.1)	11.0 (1.7)	11.8 (1.9)	7.7 (1.7)	14.8 (2.1)	9.2 (1.8)	7.2 (1.8)
World Health Organization	6.7 (1.7)	7.4 (1.4)	6.7 (1.4)	4.5 (1.3)	4.3 (1.2)	3.2 (1.1)	2.1 (1.0)
Government health officials	2.0 (1.0)	3.3 (0.9)	2.4 (0.9)	3.0 (1.1)	2.6 (1.0)	2.5 (1.0)	1.2 (0.8)
Politicians	1.2 (0.7)	1.2 (0.6)	0.8 (0.5)	2.2 (0.9)	1.6 (0.7)	0.5 (0.4)	0.8 (0.6)
New Jersey (Total N=31,285)							
Local health workers	11.6 (1.2)	9.8 (0.9)	9.6 (0.9)	10.1 (1.0)	18.3 (1.3)	22.3 (1.4)	19.5 (1.3)
Friends and family	12.0 (1.3)	11.8 (1.0)	13.3 (1.0)	10.2 (1.0)	9.8 (1.0)	11.6 (1.1)	12.3 (1.1)
World Health Organization	7.7 (1.0)	8.2 (0.8)	7.4 (0.8)	6.4 (0.8)	8.1 (0.9)	5.7 (0.8)	6.7 (0.9)

Government health officials	4.3 (0.8)	4.6 (0.6)	5.3 (0.7)	4.2 (0.7)	4.7 (0.7)	3.1 (0.6)	4.7 (0.7)
Politicians	1.3 (0.4)	1.9 (0.4)	1.9 (0.4)	1.2 (0.4)	2.2 (0.5)	1.5 (0.4)	1.3 (0.4)
New Mexico (Total N=12,294)							
Local health workers	8.2 (1.7)	11.1 (1.7)	10.8 (1.3)	9.1 (1.3)	16.6 (1.7)	15.3 (1.6)	16.4 (1.8)
Friends and family	12.3 (2.1)	13.3 (1.8)	10.6 (1.3)	11.1 (1.4)	11.5 (1.4)	11.7 (1.5)	8.7 (1.3)
World Health Organization	5.2 (1.4)	6.3 (1.3)	5.9 (1.0)	6.0 (1.1)	8.5 (1.3)	3.8 (0.9)	4.9 (1.0)
Government health officials	3.0 (1.1)	5.8 (1.3)	3.5 (0.8)	4.3 (0.9)	5.3 (1.0)	1.7 (0.6)	3.0 (0.8)
Politicians	1.3 (0.7)	2.5 (0.8)	1.7 (0.6)	1.5 (0.6)	1.8 (0.6)	0.5 (0.3)	0.4 (0.3)
New York (Total N=71,826)							
Local health workers	11.4 (0.8)	10.2 (0.6)	10.6 (0.6)	9.2 (0.6)	14.4 (0.7)	18.0 (0.8)	17.4 (0.8)
Friends and family	12.6 (0.8)	11.7 (0.6)	11.9 (0.6)	13.4 (0.7)	11.7 (0.7)	11.7 (0.7)	11.0 (0.7)
World Health Organization	6.9 (0.6)	7.4 (0.5)	8.4 (0.5)	8.0 (0.6)	6.1 (0.5)	6.6 (0.5)	5.6 (0.5)
Government health officials	5.5 (0.5)	4.6 (0.4)	4.8 (0.4)	4.7 (0.4)	3.7 (0.4)	3.2 (0.4)	3.3 (0.4)
Politicians	1.6 (0.3)	1.5 (0.2)	1.4 (0.2)	1.0 (0.2)	1.4 (0.2)	1.9 (0.3)	1.5 (0.3)
North Carolina (Total N=65,223)							
Local health workers	9.5 (0.8)	8.1 (0.6)	8.5 (0.6)	8.1 (0.6)	15.2 (0.8)	14.9 (0.8)	15.9 (0.9)
Friends and family	13.7 (0.9)	10.5 (0.6)	11.7 (0.7)	11.8 (0.8)	10.8 (0.7)	10.6 (0.7)	9.2 (0.7)
World Health Organization	6.0 (0.6)	5.8 (0.5)	6.1 (0.5)	6.1 (0.6)	5.5 (0.5)	3.1 (0.4)	5.3 (0.5)
Government health officials	3.4 (0.5)	3.0 (0.3)	3.8 (0.4)	3.5 (0.4)	3.0 (0.4)	1.4 (0.3)	3.2 (0.4)
Politicians	1.3 (0.3)	0.8 (0.2)	1.5 (0.3)	1.0 (0.2)	1.4 (0.3)	0.6 (0.2)	1.9 (0.3)
North Dakota (Total N=2,223)							
Local health workers	6.6 (2.2)	10.7 (2.2)	8.6 (2.1)	13.6 (2.8)	16.5 (2.9)	14.1 (2.5)	14.8 (2.6)
Friends and family	8.1 (2.5)	10.4 (2.2)	12.1 (2.4)	7.8 (2.2)	7.1 (2.0)	10.7 (2.2)	6.7 (1.9)
World Health Organization	5.8 (2.1)	4.1 (1.4)	3.0 (1.3)	3.6 (1.5)	5.8 (1.9)	4.0 (1.4)	3.0 (1.3)
Government health officials	1.2 (1.0)	3.7 (1.4)	2.5 (1.2)	1.0 (0.8)	4.1 (1.6)	1.0 (0.7)	3.0 (1.3)
Politicians	1.2 (1.0)	1.3 (0.8)	1.5 (0.9)	1.0 (0.8)	1.0 (0.8)	0.2 (0.4)	0.3 (0.4)
Ohio (Total N=82,021)							
Local health workers	9.5 (0.7)	9.1 (0.5)	9.4 (0.6)	7.2 (0.5)	13.7 (0.7)	14.5 (0.7)	14.9 (0.8)
Friends and family	10.7 (0.7)	10.2 (0.6)	9.2 (0.6)	11.0 (0.6)	8.7 (0.6)	8.1 (0.6)	8.2 (0.6)

World Health Organization	5.7 (0.6)	4.3 (0.4)	4.5 (0.4)	3.8 (0.4)	4.2 (0.4)	3.6 (0.4)	3.4 (0.4)
Government health officials	3.5 (0.4)	2.6 (0.3)	3.2 (0.3)	2.1 (0.3)	2.0 (0.3)	1.5 (0.2)	1.7 (0.3)
Politicians	1.1 (0.3)	1.0 (0.2)	0.6 (0.1)	0.6 (0.2)	0.8 (0.2)	0.6 (0.2)	0.5 (0.2)
Oklahoma (Total N=28,155)							
Local health workers	10.6 (1.2)	10.4 (0.9)	7.2 (0.8)	8.8 (0.9)	14.0 (1.1)	18.7 (1.3)	18.9 (1.4)
Friends and family	12.3 (1.3)	10.0 (0.9)	11.6 (1.0)	13.1 (1.1)	8.9 (0.9)	10.1 (1.0)	7.5 (0.9)
World Health Organization	4.8 (0.8)	6.7 (0.7)	5.4 (0.7)	5.8 (0.8)	4.9 (0.7)	4.8 (0.7)	3.2 (0.6)
Government health officials	3.4 (0.7)	3.9 (0.6)	2.1 (0.4)	3.2 (0.6)	2.4 (0.5)	3.2 (0.6)	2.8 (0.6)
Politicians	1.3 (0.4)	0.6 (0.2)	0.9 (0.3)	1.2 (0.4)	1.3 (0.4)	1.2 (0.4)	0.6 (0.3)
Oregon (Total N=20,354)							
Local health workers	13.4 (1.6)	9.8 (1.0)	9.8 (1.1)	10.0 (1.1)	11.7 (1.3)	15.9 (1.4)	15.3 (1.4)
Friends and family	12.5 (1.5)	13.7 (1.2)	11.3 (1.1)	12.3 (1.2)	10.5 (1.2)	9.9 (1.1)	10.0 (1.1)
World Health Organization	8.2 (1.3)	5.7 (0.8)	5.1 (0.8)	5.0 (0.8)	5.1 (0.9)	3.9 (0.7)	3.9 (0.7)
Government health officials	3.1 (0.8)	2.4 (0.5)	3.4 (0.7)	4.6 (0.8)	2.3 (0.6)	1.5 (0.5)	1.6 (0.5)
Politicians	0.3 (0.2)	0.8 (0.3)	0.8 (0.3)	0.6 (0.3)	1.0 (0.4)	1.1 (0.4)	1.3 (0.4)
Pennsylvania (Total N=74,222)							
Local health workers	9.9 (0.8)	9.9 (0.6)	9.2 (0.6)	8.0 (0.6)	11.1 (0.7)	15.4 (0.8)	16.0 (0.8)
Friends and family	11.2 (0.8)	12.4 (0.6)	11.3 (0.6)	10.3 (0.6)	10.4 (0.7)	10.2 (0.6)	8.9 (0.6)
World Health Organization	6.0 (0.6)	5.6 (0.5)	4.4 (0.4)	3.9 (0.4)	3.5 (0.4)	4.1 (0.4)	3.8 (0.4)
Government health officials	2.9 (0.4)	3.1 (0.3)	2.7 (0.3)	2.4 (0.3)	1.8 (0.3)	2.4 (0.3)	2.1 (0.3)
Politicians	1.1 (0.3)	1.0 (0.2)	0.6 (0.2)	0.8 (0.2)	0.7 (0.2)	0.8 (0.2)	0.9 (0.2)
Rhode Island (Total N=3,504)							
Local health workers	NR**	13.2 (2.5)	12.9 (2.7)	13.4 (2.9)	9.8 (2.5)	21.5 (3.7)	14.8 (3.0)
Friends and family	NR**	16.6 (2.8)	17.7 (3.1)	10.7 (2.6)	8.2 (2.3)	10.2 (2.7)	8.4 (2.4)
World Health Organization	NR**	11.7 (2.4)	10.7 (2.5)	9.1 (2.4)	6.6 (2.1)	6.2 (2.2)	1.8 (1.1)
Government health officials	NR**	6.7 (1.9)	3.7 (1.5)	7.6 (2.3)	1.8 (1.1)	2.1 (1.3)	0.4 (0.5)
Politicians	NR**	2.2 (1.1)	2.9 (1.4)	3.2 (1.5)	1.8 (1.2)	1.2 (1.0)	0.4 (0.5)
South Carolina (Total N=43,754)							
Local health workers	9.3 (0.9)	8.8 (0.7)	10.0 (0.8)	7.9 (0.7)	12.8 (1.0)	16.6 (1.0)	18.0 (1.1)

Friends and family	11.7 (1.0)	10.0(0.7)	10.7 (0.8)	9.6 (0.8)	10.0 (0.9)	9.4 (0.8)	10.3 (0.9)
World Health Organization	5.4 (0.7)	5.8 (0.6)	5.9 (0.6)	4.4 (0.6)	5.4 (0.7)	4.5 (0.6)	4.6 (0.6)
Government health officials	3.2 (0.5)	4.1 (0.5)	4.1 (0.5)	2.2 (0.4)	2.1 (0.4)	2.6 (0.4)	2.8 (0.5)
Politicians	1.0 (0.3)	1.0 (0.2)	1.7 (0.3)	0.8 (0.2)	1.3 (0.3)	0.8 (0.2)	1.2 (0.3)
South Dakota (Total N=4,203)							
Local health workers	11.2 (2.9)	11.4 (2.2)	12.6 (2.3)	8.1 (1.9)	14.5 (2.4)	13.9 (2.5)	11.5 (2.3)
Friends and family	8.2 (2.5)	16.4 (2.5)	13.7 (2.4)	9.9 (2.1)	8.8 (2.0)	11.6 (2.3)	8.6 (2.0)
World Health Organization	11.1 (2.8)	4.9 (1.5)	6.8 (1.8)	5.2 (1.6)	3.4 (1.3)	4.2 (1.5)	4.0 (1.4)
Government health officials	6.5 (2.2)	2.8 (1.1)	3.6 (1.3)	3.0 (1.2)	1.7 (0.9)	1.8 (1.0)	2.7 (1.2)
Politicians	1.2 (1.0)	1.0 (0.7)	2.6 (1.1)	0.7 (0.6)	0.2 (0.3)	1.4 (0.9)	2.2 (1.0)
Tennessee (Total N=45,290)							
Local health workers	10.6 (1.0)	9.4 (0.7)	10.1 (0.7)	8.8 (0.7)	13.6 (0.9)	14.8 (0.9)	16.1 (1.0)
Friends and family	11.9 (1.0)	10.9 (0.7)	12.1 (0.8)	11.5 (0.8)	10.2 (0.8)	9.9 (0.8)	9.5 (0.8)
World Health Organization	4.5 (0.7)	5.1 (0.5)	6.0 (0.6)	4.2 (0.5)	3.7 (0.5)	2.6 (0.4)	3.7 (0.5)
Government health officials	3.1 (0.5)	3.6 (0.4)	2.9 (0.4)	3.0 (0.4)	3.2 (0.5)	1.7 (0.3)	1.9 (0.4)
Politicians	1.9 (0.4)	1.0 (0.2)	0.6 (0.2)	1.0 (0.3)	1.1 (0.3)	1.1 (0.3)	0.9 (0.3)
Texas (Total N=135,136)							
Local health workers	11.7 (0.6)	9.8 (0.4)	10.3 (0.5)	9.0 (0.5)	15.5 (0.6)	17.1 (0.6)	18.2 (0.7)
Friends and family	14.5 (0.7)	12.3 (0.5)	11.5 (0.5)	11.4 (0.5)	12.0 (0.5)	9.4 (0.5)	10.0 (0.5)
World Health Organization	7.4 (0.5)	7.9 (0.4)	7.1 (0.4)	6.7 (0.4)	5.6 (0.4)	5.9 (0.4)	5.2 (0.4)
Government health officials	4.2 (0.4)	4.9 (0.3)	4.9 (0.3)	4.4 (0.3)	3.5 (0.3)	2.9 (0.3)	2.9 (0.3)
Politicians	1.6 (0.2)	1.6 (0.2)	1.3 (0.2)	1.4 (0.2)	0.9 (0.1)	1.4 (0.2)	1.0 (0.2)
Utah (Total N=12,705)							
Local health workers	10.5 (1.8)	14.0 (1.4)	10.8 (1.4)	12.7 (1.5)	13.8 (1.6)	21.7 (1.9)	13.7 (1.7)
Friends and family	14.8 (2.0)	15.9 (1.5)	11.9 (1.4)	15.2 (1.6)	9.7 (1.4)	12.6 (1.5)	9.6 (1.4)
World Health Organization	6.8 (1.4)	6.3 (1.0)	5.0 (1.0)	8.0 (1.2)	4.5 (1.0)	3.5 (0.8)	4.9 (1.0)
Government health officials	4.0 (1.1)	4.1 (0.8)	3.1 (0.8)	4.2 (0.9)	2.3 (0.7)	2.7 (0.7)	2.4 (0.8)
Politicians	0.9 (0.5)	0.6 (0.3)	1.7 (0.6)	1.8 (0.6)	0.5 (0.3)	0.6 (0.3)	2.0 (0.7)
Vermont (Total N=1,829)							

Local health workers	7.9 (2.6)	9.9 (2.8)	11.6 (2.9)	9.9 (2.9)	12.0 (2.9)	15.2 (3.4)	NR**
Friends and family	7.0 (2.5)	9.1 (2.7)	13.4 (3.1)	10.8 (3.0)	12.2 (2.9)	9.2 (2.7)	NR**
World Health Organization	2.4 (1.5)	4.8 (2.0)	5.3 (2.0)	7.9 (2.6)	6.6 (2.2)	5.0 (2.1)	NR**
Government health officials	2.3 (1.5)	3.0 (1.6)	3.6 (1.7)	3.3 (1.7)	4.2 (1.8)	2.2 (1.4)	NR**
Politicians	0.5 (0.7)	1.3 (1.0)	2.8 (1.5)	0.5 (0.7)	1.9 (1.2)	0.4 (0.6)	NR**
Virginia (Total N=47,966)							
Local health workers	9.7 (0.9)	10.0 (0.7)	10.1 (0.8)	9.9 (0.8)	14.8 (0.9)	17.1 (1.0)	17.0 (1.1)
Friends and family	12.1 (1.0)	12.8 (0.8)	12.7 (0.8)	11.0 (0.8)	10.1 (0.8)	11.9 (0.9)	10.7 (0.9)
World Health Organization	7.8 (0.8)	6.4 (0.6)	7.2 (0.7)	8.0 (0.7)	5.7 (0.6)	4.9 (0.6)	5.6 (0.6)
Government health officials	3.9 (0.6)	4.3 (0.5)	5.0 (0.5)	4.6 (0.5)	3.8 (0.5)	2.7 (0.4)	2.9 (0.5)
Politicians	0.9 (0.3)	1.6 (0.3)	1.5 (0.3)	1.7 (0.3)	1.5 (0.3)	0.8 (0.2)	0.3 (0.2)
Washington (Total N=30,329)							
Local health workers	14.7 (1.3)	12.9 (1.0)	9.3 (0.9)	8.7 (0.9)	16.4 (1.2)	14.9 (1.1)	16.1 (1.2)
Friends and family	11.6 (1.2)	13.9 (1.0)	9.9 (0.9)	11.5 (1.0)	11.8 (1.0)	9.6 (0.9)	9.6 (1.0)
World Health Organization	7.1 (1.0)	8.8 (0.8)	6.1 (0.7)	5.8 (0.7)	6.2 (0.8)	4.9 (0.7)	5.4 (0.7)
Government health officials	5.7 (0.9)	4.7 (0.6)	4.0 (0.6)	3.2 (0.6)	3.4 (0.6)	2.0 (0.4)	2.3 (0.5)
Politicians	1.3 (0.4)	0.7 (0.2)	1.1 (0.3)	0.5 (0.2)	0.9 (0.3)	0.8 (0.3)	0.3 (0.2)
West Virginia (Total N=15,529)							
Local health workers	7.2 (1.3)	6.2 (0.9)	8.2 (1.1)	9.2 (1.2)	11.4 (1.4)	11.7 (1.5)	11.2 (1.5)
Friends and family	9.4 (1.5)	11.3 (1.2)	10.0 (1.2)	10.4 (1.3)	9.6 (1.3)	8.1 (1.2)	8.1 (1.3)
World Health Organization	3.7 (1.0)	4.9 (0.8)	4.3 (0.8)	5.1 (1.0)	4.2 (0.9)	4.9 (1.0)	1.9 (0.6)
Government health officials	2.1 (0.7)	1.8 (0.5)	2.5 (0.6)	3.3 (0.8)	2.1 (0.6)	1.3 (0.5)	2.2 (0.7)
Politicians	1.1 (0.5)	0.8 (0.3)	0.7 (0.3)	0.8 (0.4)	0.4 (0.3)	0.6 (0.3)	2.3 (0.7)
Wisconsin (Total N=25,854)							
Local health workers	9.7 (1.1)	8.9 (0.8)	9.9 (0.9)	8.4 (0.9)	13.9 (1.1)	13.6 (1.1)	12.1 (1.0)
Friends and family	11.2 (1.2)	11.7 (0.9)	10.4 (0.9)	11.0 (1.0)	8.3 (0.9)	6.8 (0.8)	6.2 (0.8)
World Health Organization	5.5 (0.9)	6.6 (0.7)	5.6 (0.7)	5.3 (0.7)	3.6 (0.6)	3.0 (0.6)	3.3 (0.6)
Government health officials	3.7 (0.7)	2.9 (0.5)	3.0 (0.5)	3.0 (0.5)	2.3 (0.5)	1.8 (0.4)	1.5 (0.4)
Politicians	0.8 (0.3)	0.6 (0.2)	1.6 (0.4)	0.9 (0.3)	0.6 (0.2)	0.5 (0.2)	0.6 (0.3)

Wyoming (Total N=3,346)	9.0 (2.8)	7.5 (1.8)	7.1 (1.9)	7.8 (1.9)	12.0 (2.4)	11.3 (2.4)	11.4 (2.4)
Local health workers	10.0 (3.0)	9.8 (2.1)	8.7 (2.1)	9.7 (2.1)	8.2 (2.0)	4.9 (1.6)	7.2 (1.9)
Friends and family	6.3 (2.4)	2.1 (1.0)	3.5 (1.3)	2.7 (1.2)	2.7 (1.2)	1.4 (0.9)	1.7 (1.0)
World Health Organization	2.4 (1.5)	1.2 (0.8)	1.2 (0.8)	2.6 (1.1)	0.3 (0.4)	0.3 (0.4)	1.1 (0.8)
Government health officials	1.4 (1.2)	1.2 (0.8)	0.3 (0.4)	0.7 (0.6)	0.9 (0.7)	0.3 (0.4)	0.3 (0.4)
Politicians							

* Non-Hispanic race/ethnicity groups.

** Not reported because not enough data were collected for aggregate reporting.

FACEBOOK

Payton Ithema and Genelle Adrien
U.S. Public Policy
Facebook

From: [Payton Iheme](#)
To: [Katherine Morris](#); [Crawford, Carol Y. \(CDC/OD/OADC\)](#)
Cc: [Genelle Adrien](#); [Kate Thornton](#); [Julia Eisman](#)
Subject: Re: CMU/Facebook Survey Findings: Jan 10 - Feb 27
Date: Tuesday, March 16, 2021 2:17:13 PM

Thank you. You will all have seen that I extended the time on Thursday to allow for the discussion on the CMU survey.

Best,

Payton

From: Katherine Morris <katherinemorris@fb.com>
Date: Tuesday, March 16, 2021 at 10:43 AM
To: Payton Iheme <payton@fb.com>, Carol Crawford <cjy1@cdc.gov>
Cc: Genelle Adrien <genelleadrien@fb.com>, Kate Thornton <kthornton@fb.com>, Julia Eisman <juliaeisman@fb.com>
Subject: Re: CMU/Facebook Survey Findings: Jan 10 - Feb 27

Hi Payton and Carol,

Yes, that would work for us. Thank you! We are looking forward to the discussion.

All best,

Katherine

--

Katherine Ann Morris, PhD
Research Scientist | Demography and Survey Science
770 Broadway, New York, NY 10003
[Facebook](#) | Mobile: (b)(6)

From: Payton Iheme <payton@fb.com>
Date: Tuesday, March 16, 2021 at 9:23 AM
To: "Crawford, Carol Y. (CDC/OD/OADC)" <cjy1@cdc.gov>
Cc: Katherine Morris <katherinemorris@fb.com>, Genelle Adrien <genelleadrien@fb.com>, Kate Thornton <kthornton@fb.com>, Julia Eisman <juliaeisman@fb.com>
Subject: Re: CMU/Facebook Survey Findings: Jan 10 - Feb 27

Thanks Carol.

Katherine,

Does that work for the research team as well?

Best,

Payton

Get [Outlook for iOS](#)

From: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Sent: Tuesday, March 16, 2021 9:21:20 AM
To: Payton Itheme <payton@fb.com>
Cc: Katherine Morris <katherinemorris@fb.com>; Genelle Adrien <genelleadrien@fb.com>; Kate Thornton <kthornton@fb.com>; Julia Eisman <juliaeisman@fb.com>
Subject: RE: CMU/Facebook Survey Findings: Jan 10 - Feb 27

I'm checking dates/times here but is it an option to add on to our 3pm on Thursday meeting and extend the time a bit? (I believe that might work for our Vaccine with Confidence team as they were attending the 3pm).

From: Payton Itheme <payton@fb.com>
Sent: Monday, March 15, 2021 1:25 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>; Jorgensen, Cynthia (CDC/DDID/NCIRD/OD) <cxj4@cdc.gov>; Singleton, James (CDC/DDID/NCIRD/ISD) <xzs8@cdc.gov>
Cc: Katherine Morris <katherinemorris@fb.com>; Genelle Adrien <genelleadrien@fb.com>; Kate Thornton <kthornton@fb.com>; Julia Eisman <juliaeisman@fb.com>
Subject: Re: CMU/Facebook Survey Findings: Jan 10 - Feb 27

Also, Katherine M./team and our regular team would like to set up a meeting to discuss the findings and receive your feedback. Would you let us know a few day/times this would work for you this week?

Best,

Payton

From: Payton Itheme <payton@fb.com>
Date: Monday, March 15, 2021 at 1:16 PM
To: Carol Crawford <cjy1@cdc.gov>, "Jorgensen, Cynthia (CDC/DDID/NCIRD/OD)" <cxj4@cdc.gov>, "Singleton, James (CDC/DDID/NCIRD/ISD)" <xzs8@cdc.gov>
Cc: Katherine Morris <katherinemorris@fb.com>, Genelle Adrien <genelleadrien@fb.com>, Kate Thornton <kthornton@fb.com>, Julia Eisman <juliaeisman@fb.com>
Subject: CMU/Facebook Survey Findings: Jan 10 - Feb 27

Hello CDC team,

As we discussed, following up on our commitment to share our survey data on vaccine uptake. We are sharing these findings regularly moving forward to help inform your teams and strategies. Attached are our findings from January 10 -- February 27, 2021. Today, the report will be available online.

Note that highlights of the findings are up top, a robust executive summary follows, and then a deep dive into the methodology, greater detail on state trends, occupations, barriers to acceptance. etc. Hopefully, this format works for the various teams and audiences within CDC that may find this data valuable. We're also open to feedback on the formatting.

Please let us know if you have specific questions about the findings or the survey itself, we're happy to track down answers or book time.

Best,

FACEBOOK

Payton Ithme and Genelle Adrien
U.S. Public Policy
[Facebook](#)

From: [Payton Itheme](#)
To: [Dempsey, Jay H. \(CDC/OD/OADC\)](#); [Crawford, Carol Y. \(CDC/OD/OADC\)](#); [Layton, Kathleen \(CDC/OD/OADC\)](#)
Cc: [Julia Eisman](#); [Genelle Adrien](#); [Chelsey LePage](#); [Airton Tatoug Kamdem](#)
Subject: Re: COVID-19 Outreach to communities worldwide
Date: Monday, February 8, 2021 5:44:24 PM

You bet.


Best,


Payton

From: "Dempsey, Jay H. (CDC/OD/OADC)" <ifb5@cdc.gov>
Date: Monday, February 8, 2021 at 5:28 PM
To: Payton Itheme <payton@fb.com>, Carol Crawford <cjy1@cdc.gov>, "Layton, Kathleen (CDC/OD/OADC)" <KYU6@cdc.gov>
Cc: Julia Eisman <juliaeisman@fb.com>, Genelle Adrien <genelleadrien@fb.com>, Chelsey LePage <chelseylepage@fb.com>, Airton Tatoug Kamdem <airtonkamdem@fb.com>
Subject: RE: COVID-19 Outreach to communities worldwide

Great – Thanks for the update Payton!

Jay H. Dempsey, M.Ed.
Social Media Team Lead, U.S. Centers for Disease Control and Prevention
My mobile no. has changed: (b)(6)

 Follow us on [Twitter](#)

 Join us on [Facebook](#)

From: Payton Itheme <payton@fb.com>
Sent: Monday, February 8, 2021 1:24 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>; Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>; Layton, Kathleen (CDC/OD/OADC) <KYU6@cdc.gov>
Cc: Julia Eisman <juliaeisman@fb.com>; Genelle Adrien <genelleadrien@fb.com>; Chelsey LePage <chelseylepage@fb.com>; Airton Tatoug Kamdem <airtonkamdem@fb.com>
Subject: COVID-19 Outreach to communities worldwide

Good afternoon Carol, Jay, and Kathleen,

We wanted to make sure you saw our announcements today about running the largest worldwide campaign to promote authoritative COVID-19 vaccine information and expanding our efforts to remove false claims on Facebook and Instagram about COVID-19, COVID-19 vaccines and vaccines in

general during the pandemic. More details are in our Newsroom: [authoritative COVID-19 vaccine information](#) and [COVID-19 and vaccine misinformation](#).

Helping People Find Where and When They Can Get Vaccinated

- Starting this week, we'll feature links in the COVID-19 Information Center to local ministry of health websites to help people understand whether they're eligible to get vaccinated and how to do so.
- And in the coming weeks, as more information becomes available, we'll continue to improve this feature, making it easier for people to see where and when they can get vaccinated in just a few taps.

Sharing Credible Information About COVID-19 Vaccines

- We're working with health organizations and community leaders to run campaigns on our platform promoting accurate information about COVID-19 vaccines and encouraging people to get vaccinated.
- We're giving over \$120 million in ad credits to help health ministries, NGOs and UN agencies reach billions of people around the world with COVID-19 vaccine and preventive health information.
- In the US, we're partnering with the Johns Hopkins Bloomberg School of Public Health to reach Native American communities, Black communities and Latinx communities, among others, with science and evidence-based content that addresses the questions and concerns these communities have.
- We're also working with AARP to reach Americans over 50 with educational content about COVID-19 vaccines, including Spanish-language content designed to reach Latinx and Hispanic communities.

Combating Vaccine Misinformation

- We are expanding our efforts to remove false claims on Facebook and Instagram about COVID-19, COVID-19 vaccines and vaccines in general during the pandemic. Since December, we've [removed false claims](#) about COVID-19 vaccines that have been debunked by public health experts.
- Today, following consultations with leading health organizations, including the World Health Organization (WHO), we are expanding the list of false claims we will remove to include additional debunked claims about the coronavirus and vaccines. We already [prohibit these claims](#) in ads.
- Groups, Pages and accounts on Facebook and Instagram that repeatedly share these debunked claims may be removed altogether. We are also requiring some admins for groups with admins or members who have violated our COVID-19 policies to temporarily approve all posts within their group.
- When people search for vaccine or COVID-19 related content on Facebook, we promote relevant, authoritative results and provide third-party resources to connect people to expert information about vaccines. On Instagram, in addition to surfacing authoritative results in

Search, in the coming weeks we're making it harder to find accounts in search that discourage people from getting vaccinated.

- [As we noted last month](#) in response to guidance from the Oversight Board, we are committed to providing more transparency around these policies. You can read the detailed updates in Facebook's [Community Standards](#) and in our [Help Center](#).

Providing Data to Inform Effective Vaccine Delivery

- Last year, we began collaborating with Carnegie Mellon University Delphi Research Group and the University of Maryland on COVID-19 surveys about symptoms people are experiencing, mask wearing behaviors and access to care. With over 50 million responses to date, the survey program is one of the largest ever conducted and has helped health researchers better monitor and forecast the spread of COVID-19.
- To help guide the effective delivery of COVID-19 vaccines, the survey data will provide a better understanding of [trends in vaccine intent](#) across sociodemographics, race, geography and more. The scale of the survey will also allow for faster updates on changes in trends, such as whether vaccine intent is going up or down in California in a given week and better insights on how vaccine intent varies at a local level. We'll share these new insights including [vaccine attitudes at a county level](#) in the US as well as [globally](#).

These new policies and programs will help us continue to take aggressive action against misinformation about COVID-19 and vaccines and help people find where and when they can get vaccinated. You can read more about how we're supporting COVID-19 relief efforts and keeping people informed at our [COVID-19 action page](#).

-On Behalf of the Facebook team

FACEBOOK

Payton Iheme
U.S. Public Policy
[Facebook](#)

From: [Payton Itheme](#)
To: [Crawford, Carol Y. \(CDC/OD/OADC\); Carrie Adams](#)
Cc: [Genelle Adrien](#)
Subject: Re: CV19 misinfo reporting channel
Date: Monday, May 10, 2021 3:28:54 PM

Hi Carol,

Genelle just went on (b)(6) We are very excited for her and (b)(6)
As such, we didn't want you to be surprised that Carrie will pick up on the threads where Genelle was leading starting today.

That will include this one with scheduling training for the government case work project.

Best,

Payton

From: Carol Crawford <cjy1@cdc.gov>
Date: Monday, May 10, 2021 at 12:25 PM
To: Genelle Adrien <genelleadrien@fb.com>
Cc: Payton Itheme <payton@fb.com>, Carrie Adams <carrieadams@fb.com>
Subject: RE: CV19 misinfo reporting channel

I'm so sorry – I'm out all day May 17 for a (b)(6) can we pick another one? My fault!

From: Genelle Adrien <genelleadrien@fb.com>
Sent: Friday, May 7, 2021 11:27 AM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Cc: Payton Itheme <payton@fb.com>; Carrie Adams <carrieadams@fb.com>
Subject: Re: CV19 misinfo reporting channel

Hi Carol – Following up from our meeting yesterday. It looks like Monday, May 17th at 12:00pm will work for onboarding meeting. The overlaps with your standing Census meeting you mentioned. We will plan to invite the email addresses below (those being onboarded).

Please let me know if any flags on your end.

Best,
Genelle

FACEBOOK
Genelle Quarles Adrien
Politics & Government Outreach
e: genelleadrien@fb.com | w: facebook.com/gpa

From: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Date: Tuesday, April 27, 2021 at 11:21 AM
To: Genelle Adrien <genelleadrien@fb.com>
Cc: Payton Itheme <payton@fb.com>, Carrie Adams <carrieadams@fb.com>
Subject: RE: CV19 misinfo reporting channel

Ugh, so sorry I missed this. It looks correct but I think so might have access already, but not sure.

From: Genelle Adrien <genelleadrien@fb.com>
Sent: Tuesday, April 27, 2021 11:05 AM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Cc: Payton Itheme <payton@fb.com>; Carrie Adams <carrieadams@fb.com>
Subject: Re: CV19 misinfo reporting channel

Hi Carol – Hope the week is off to a good start. I wanted to bump this and see if you had any edits/additions to the onboarding list below.

Let us know if you have any questions.

Best,
Genelle

From: Genelle Adrien <genelleadrien@fb.com>
Date: Tuesday, April 13, 2021 at 3:50 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Cc: Payton Itheme <payton@fb.com>, Chelsey Lepage <chelseylepage@fb.com>
Subject: CV19 misinfo reporting channel

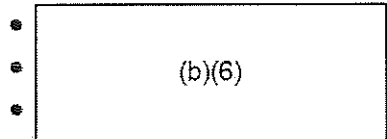
Hi Carol – Hope the week is off to a good start. We're working to get our COVID-19 misinfo channel up for CDC and Census colleagues. Could you kindly confirm if the below emails are correct for onboarding to the reporting channel and if there are others you'd like to include?

Please let me know if you have any questions.

Thank you!
Genelle

(b)(6)

- nve8@cdc.gov



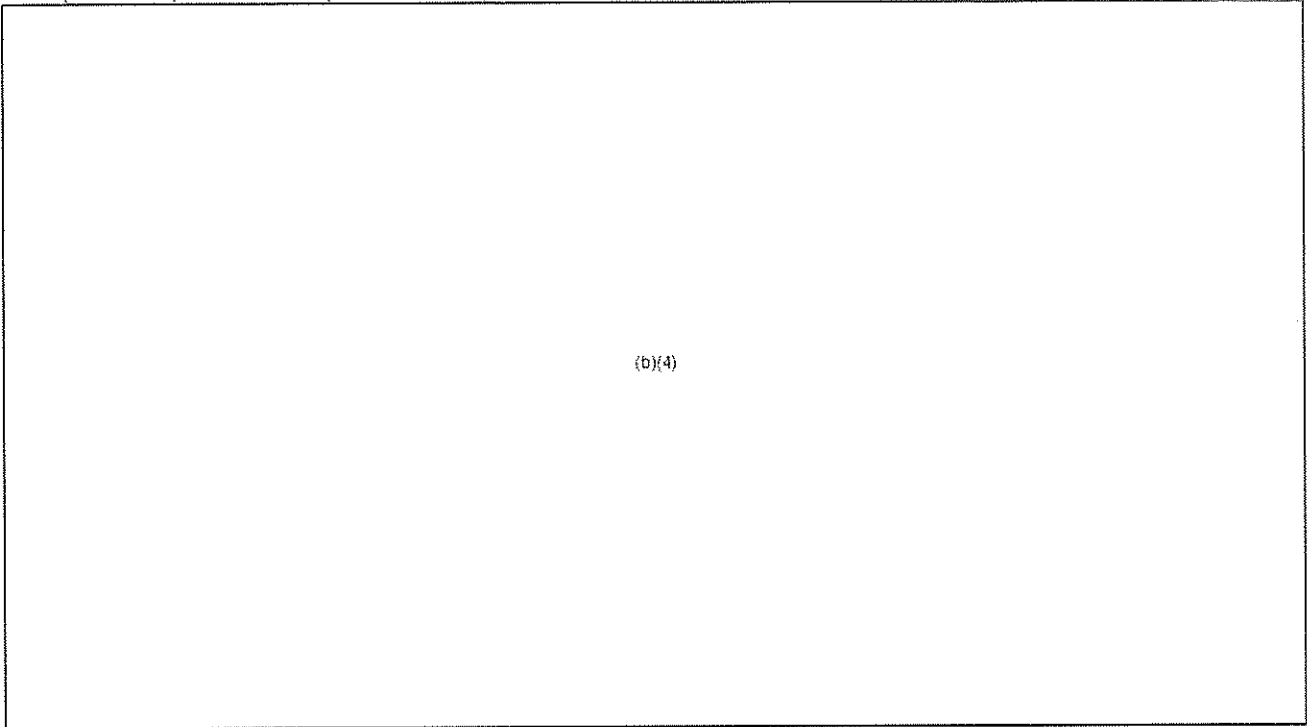
FACEBOOK

Genelle Quarles Adrien

Politics & Government Outreach

e: genelleadrien@fb.com | w: [facebook.com/gpa](https://www.facebook.com/gpa)

Attaching the latest CrowdTangle content insights report for the period of February 24-March 10 (attached). Here's the quick summary:



This week, we also are including a one-off content insights report we did looking at Spanish-language content relevant to the US, which we thought might be interesting for you (as always, please do not share externally).

Let us know if you have any questions or particular keywords/topics you'd like us to explore for the next report.

Thanks,
Kelly

From: Kelly Perron <kperron@fb.com>
Date: Monday, March 1, 2021 at 6:03 PM
To: "Crawford, Carol Y. (CDC/OD/OADC)" <cjy1@cdc.gov>
Cc: Lauren Balog Wright <lbw@fb.com>, Payton Itheme <payton@fb.com>, Chelsey Lepage <chelseylepage@fb.com>
Subject: Re: Crowd Tangle COVID-19 reports

And adding in Chelsey, apologies!

From: Kelly Perron <kperron@fb.com>
Date: Monday, March 1, 2021 at 5:47 PM

From: [Stanley Onyimba](#)
To: [Mullins, Scott R. \(CDC/OD/OADC\) \(CTR\)](#)
Cc: [Hadar Shkolnik](#); [Yael Grossman Levy](#); [Jan Antonaros](#); [McDaniel, Rebecca \(CDC/OD/OADC\)](#); [Smith, Fred \(CDC/OD/OADC\)](#); [Crawford, Carol Y. \(CDC/OD/OADC\)](#)
Subject: Re: Google Knowledgebase Update
Date: Tuesday, May 4, 2021 3:04:59 PM

Thanks, Scott! We'll make the changes in the next update cycle.

On Tue, May 4, 2021, 12:00 PM Mullins, Scott R. (CDC/OD/OADC) (CTR) <svm8@cdc.gov> wrote:

Hi Stanley,

We updated the markup for the Treatments Tab to reflect the change below. It is now live on <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>.

Thanks,

Scott

From: McDaniel, Rebecca (CDC/OD/OADC) <ldy8@cdc.gov>
Sent: Monday, May 3, 2021 1:33 PM
To: Mullins, Scott R. (CDC/OD/OADC) (CTR) <svm8@cdc.gov>
Subject: RE: Google Knowledgebase Update

Hey Scott,

My mistake – can you please add the highlighted content back in to the Treatments Tab at the bottom?

Treatment Tab (under Medical treatments)

Treatments used for COVID-19 should be prescribed by your healthcare provider. People have been seriously harmed and even died after taking products not approved for COVID-19, even products approved or prescribed for other uses. Your healthcare provider will decide on what approach to take for your treatment.

Your healthcare provider also may recommend the following to relieve symptoms and support your body's natural defenses.

- Taking medications, like acetaminophen or ibuprofen, to reduce fever.
- Drinking water or receiving intravenous fluids to stay hydrated.
- Getting plenty of rest to help the body fight the virus.

If someone is showing emergency warning signs, get medical care immediately. Emergency warning signs include:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

Becky McDaniel

Cell: (b)(6)

From: Mullins, Scott R. (CDC/OD/OADC) (CTR) <svm8@cdc.gov>
Sent: Monday, April 26, 2021 3:33 PM
To: Stanley Onyimba <sonyimba@google.com>; Hadar Shkolnik <hadarth@google.com>; Yael Grossman Levy <yaelgro@google.com>; Jan Antonaros <jantonaros@google.com>
Cc: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>; Smith, Fred (CDC/OD/OADC) <evp9@cdc.gov>; McDaniel, Rebecca (CDC/OD/OADC) <ldy8@cdc.gov>
Subject: RE: Google Knowledgebase Update

Hi Stanley,

Were there any problems with these changes? We haven't seen any feedback or seen these updates reflected in the Knowledgebase.

If there were problems let me know and I'll work to address them.

Thanks,

Scott

From: Mullins, Scott R. (CDC/OD/OADC) (CTR)
Sent: Tuesday, April 13, 2021 3:01 PM
To: Stanley Onyimba <sonyimba@google.com>; Hadar Shkolnik <hadarth@google.com>; Yael Grossman Levy <yaelgro@google.com>; Jan Antonaros <jantonaros@google.com>
Cc: Crawford, Carol Y. (CDC/OD/OADC) <cjyl@cdc.gov>; Smith, Fred (CDC/OD/OADC) <exp9@cdc.gov>; McDaniel, Rebecca (CDC/OD/OADC) <ldy8@cdc.gov>
Subject: RE: Google Knowledgebase Update

Hi Stanley and company,

We have made the following edits to the JSON+LD markup for the knowledgebase.

Prevention Tab

To help prevent the spread of COVID-19:

- Wear a mask to protect yourself and others and stop the spread of COVID-19.
- Stay at least 6 feet (about 2 arm lengths) from others who don't live with you.
- Avoid crowds and poorly ventilated spaces. The more people you are in contact with, the more likely you are to be exposed to COVID-19.
- Get a COVID-19 vaccine when it's available to you.
- Clean your hands often, either with soap and water for 20 seconds or a hand sanitizer that contains at least 60% alcohol.
- Avoid close contact with people who are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean frequently touched objects and surfaces daily. If someone is sick or has tested positive for COVID-19, disinfect frequently touched surfaces.

- Monitor your health daily.

Treatment Tab (under Medical treatments)

Treatments used for COVID-19 should be prescribed by your healthcare provider. People have been seriously harmed and even died after taking products not approved for COVID-19, even products approved or prescribed for other uses. Your healthcare provider will decide on what approach to take for your treatment.

Your healthcare provider also may recommend the following to relieve symptoms and support your body's natural defenses.

- Taking medications, like acetaminophen or ibuprofen, to reduce fever.
- Drinking water or receiving intravenous fluids to stay hydrated.
- Getting plenty of rest to help the body fight the virus.

These are live, <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>.

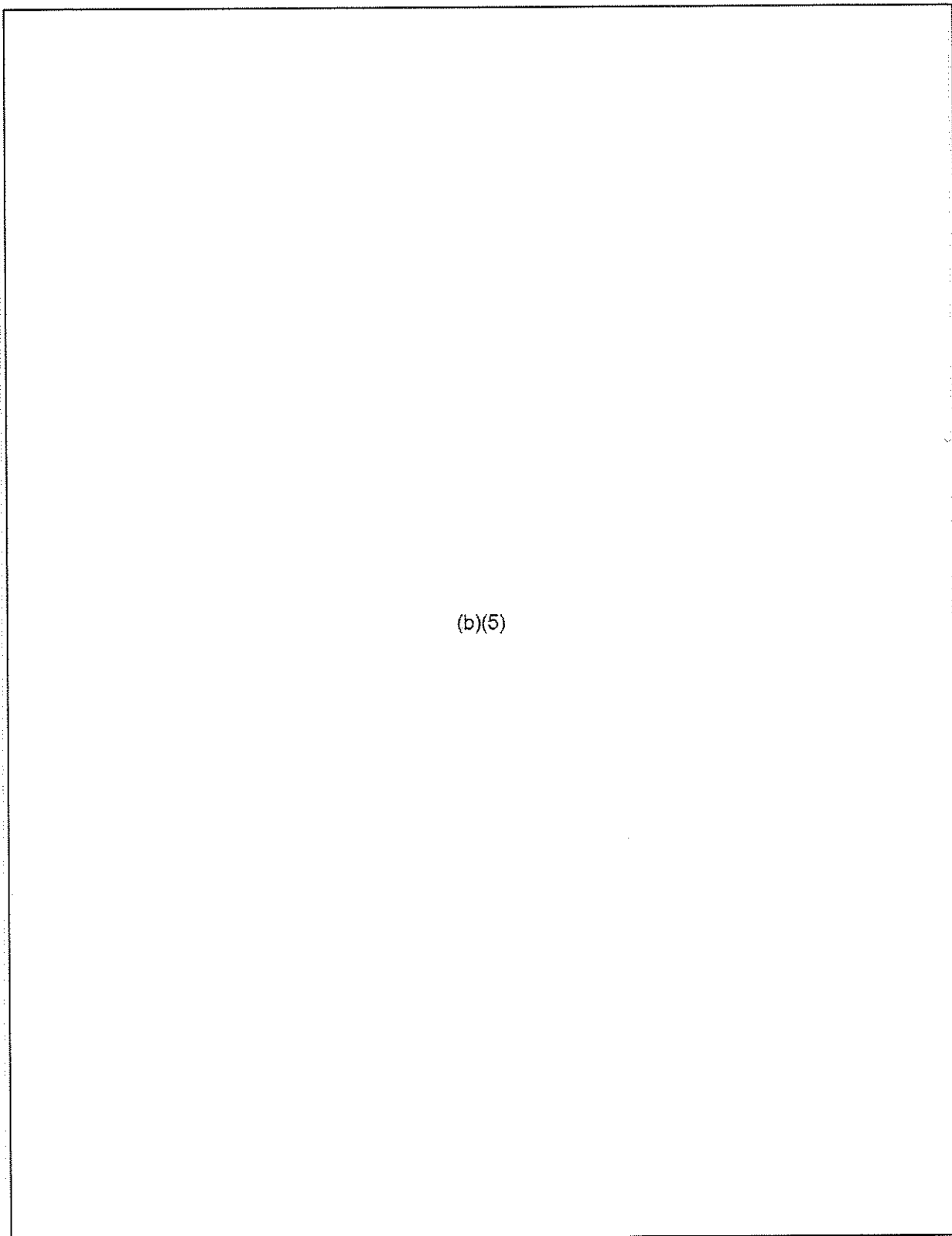
Thanks.

Scott

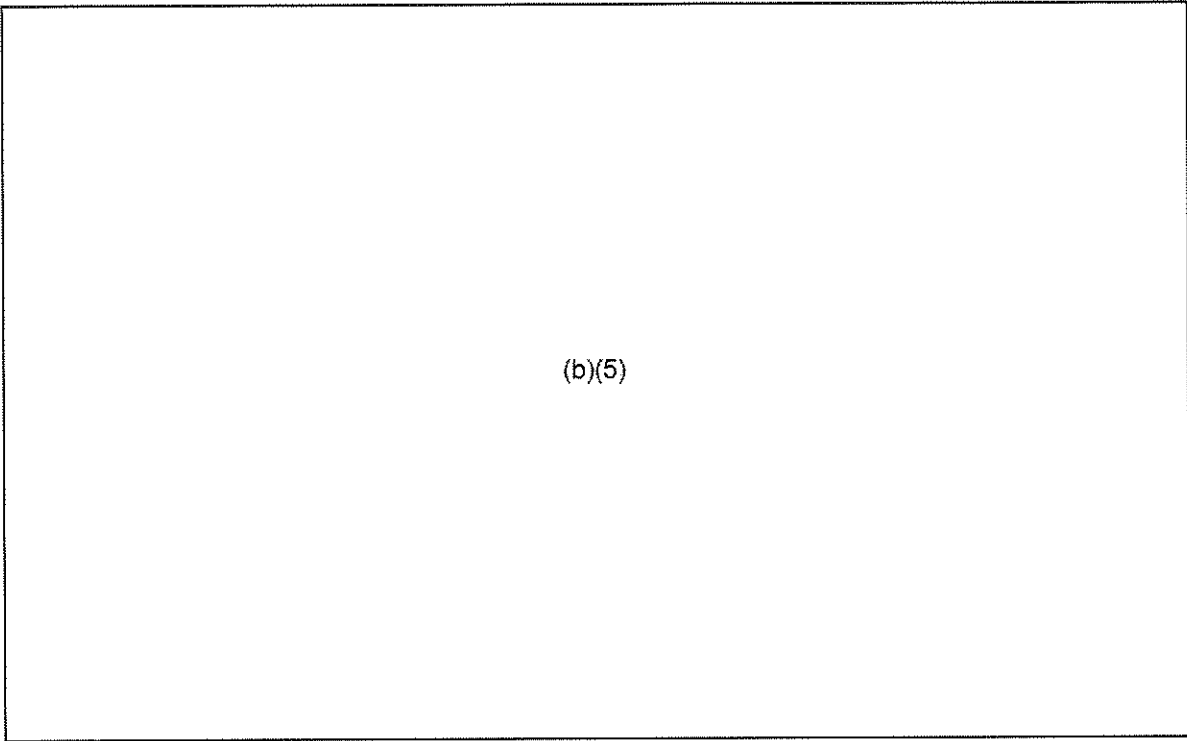
From: McDaniel, Rebecca (CDC/OD/OADC) <ldy8@cdc.gov>
Sent: Monday, April 12, 2021 3:01 PM
To: Mullins, Scott R. (CDC/OD/OADC) (CTR) <svm8@cdc.gov>
Cc: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>; Smith, Fred (CDC/OD/OADC) <evp9@cdc.gov>
Subject: Google Knowledgebase Update

Hi Scott,

Please see edits below for the Prevention and Treatment tabs. Please let me know if you have any questions.



(b)(5)



(b)(5)

Becky McDaniel
Health Communication Specialist
(404) 536-6002

From: [Stanley Onyimba](#)
To: [Bretthauer-Mueller, Rosemary \(CDC/DDNID/NCIPC/OD\)](#)
Cc: [Crawford, Carol Y. \(CDC/OD/OADC\)](#); [LaPorte, Kathleen \(CDC/DDID/NCIRD/ID\)](#); [Jan Antonaros](#)
Subject: Re: Google meeting at 4
Date: Tuesday, February 16, 2021 11:42:41 PM

Thanks for sharing these key messages, Rosie!

On Tue, Feb 16, 2021 at 1:09 PM Bretthauer-Mueller, Rosemary (CDC/DDNID/NCIPC/OD) <zhk0@cdc.gov> wrote:

1. Protect Yourself and others from COVID-19

Even after vaccination, we need to continue using all the tools available to help stop this pandemic as we learn more about how COVID-19 vaccines work in real-world conditions.

- Wearing a mask over your nose and mouth
- Staying at least 6 feet away from others
- Avoiding crowds
- Avoiding poorly ventilated spaces
- Washing your hands often

2. Use the hashtag #SleeveUp

Vaccination works better when we do it together. #SleeveUp for a future safe from #COVID19.

3. Help stop the pandemic by getting vaccinated

COVID-19 vaccination is an important tool to help us resume life.

4. Millions of people have safely received a COVID-19 vaccine

Millions of people in the United States have received COVID-19 vaccines, and these vaccines are undergoing the most intensive safety monitoring in U.S. history.

5. K-12 schools should be the last settings to close after all other mitigation measures in the community have been employed, and the first to reopen when they can do so safely.

- All schools should use and layer mitigation strategies.
- Schools providing in-person instruction should prioritize two mitigation strategies:
 - Universal and correct use of masks should be required.
 - Physical distancing (at least 6 feet) should be maximized to the greatest extent possible.

From: Crawford, Carol Y. (CDC/OD/OADC) <cjv1@cdc.gov>
Sent: Tuesday, February 16, 2021 2:06 PM
To: Bretthauer-Mueller, Rosemary (CDC/DDNID/NCIPC/OD) <zhk0@cdc.gov>
Cc: LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <wng2@cdc.gov>
Subject: Google meeting at 4

They said they do want to discuss vaccines: [redacted (b)(5)] in addition to general timelines/key messages for upcoming campaigns.”

Hoping you have his updated appt but if not here is the right teams info:

Join on your computer or mobile app

[Click here to join the meeting](#)

Or call in (audio only)

[redacted (b)(6)] United States, Atlanta
United States (Toll-free)

Phone Conference ID: (b)(6)

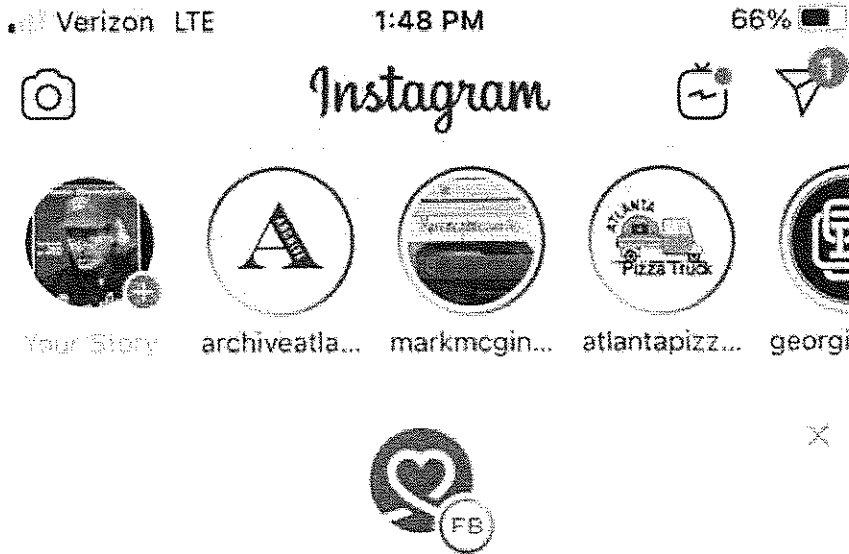
[Find a local number](#) | [Reset PIN](#)

[Learn More](#) | [Meeting options](#)

Stanley Onyimba | Global Product Partnerships | sonyimba@google.com

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Payton Thorne; Genelle Adrien; Chelsey Lepage
Subject: Reported Issue on Instagram
Date: Thursday, April 29, 2021 1:57:00 PM

I've been told this link isn't working when it appears for people. As you know we are moving vaccinefinder.org over to a .gov tomorrow but not sure if this issue is related. I do not see it so I cannot see what the problem is. Find vaccine doesn't do anything when clicked.



**bmyers7505, People 16 and Older Can Now
Get a COVID-19 Vaccine in Georgia**

We can all help keep each other safe. Find
vaccine appointments for you, your family and
friends.

Find a Vaccine

Change State

Carol Crawford
Chief, Digital Media Branch
Division of Public Affairs
OADC
ccrawford@cdc.gov
404-498-2840

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Payton theme: Carrie Adams
Subject: Thursday's meeting - Ask for phone and texting related to vaccines.gov
Date: Tuesday, May 11, 2021 11:30:00 AM

Payton – I was hoping to discuss how Facebook/Instagram/Etc. could help WH/HHS/CDC to promote the other ways to access the vaccinefinder (vaccines.gov) call and text numbers? WH/HHS asked me to reach out on their behalf for all of us.

Thanks!

Text your zip code to (b)(6)

Call (b)(6)

From: Dempsey, Jay H. (CDC/OD/OADC)
Sent: Fri, 11 Jun 2021 16:30:57 +0000
To: Julia Eisman
Cc: Crawford, Carol Y. (CDC/OD/OADC)
Subject: CDC Ads
Attachments: VTF Paid Ads Content draft 6.8 VTF_aeh prp9 JIC Clean.docx,
FINAL_Appeals_testing_messages_6.4.21_clean.docx

Hi Julia- Following up on yesterday's call, I saw that some of the ads that I mentioned as coming to Facebook were review were sent practically as soon as we closed the call. But, sending these your way in case you have any insights on adjusting the ads spends or any other details to optimize their performance. I'm also sharing these with Code 3 to see if they have thoughts on how to improve the creative on future runs using similar assets. Thanks again for pointing us in their direction!


Best-


Jay

Jay H. Dempsey, M.Ed.
Social Media Team Lead, Digital Media Branch, Division of Public Affairs
Office of the Associate Director for Communication,
U.S. Centers for Disease Control and Prevention

TELEWORKING

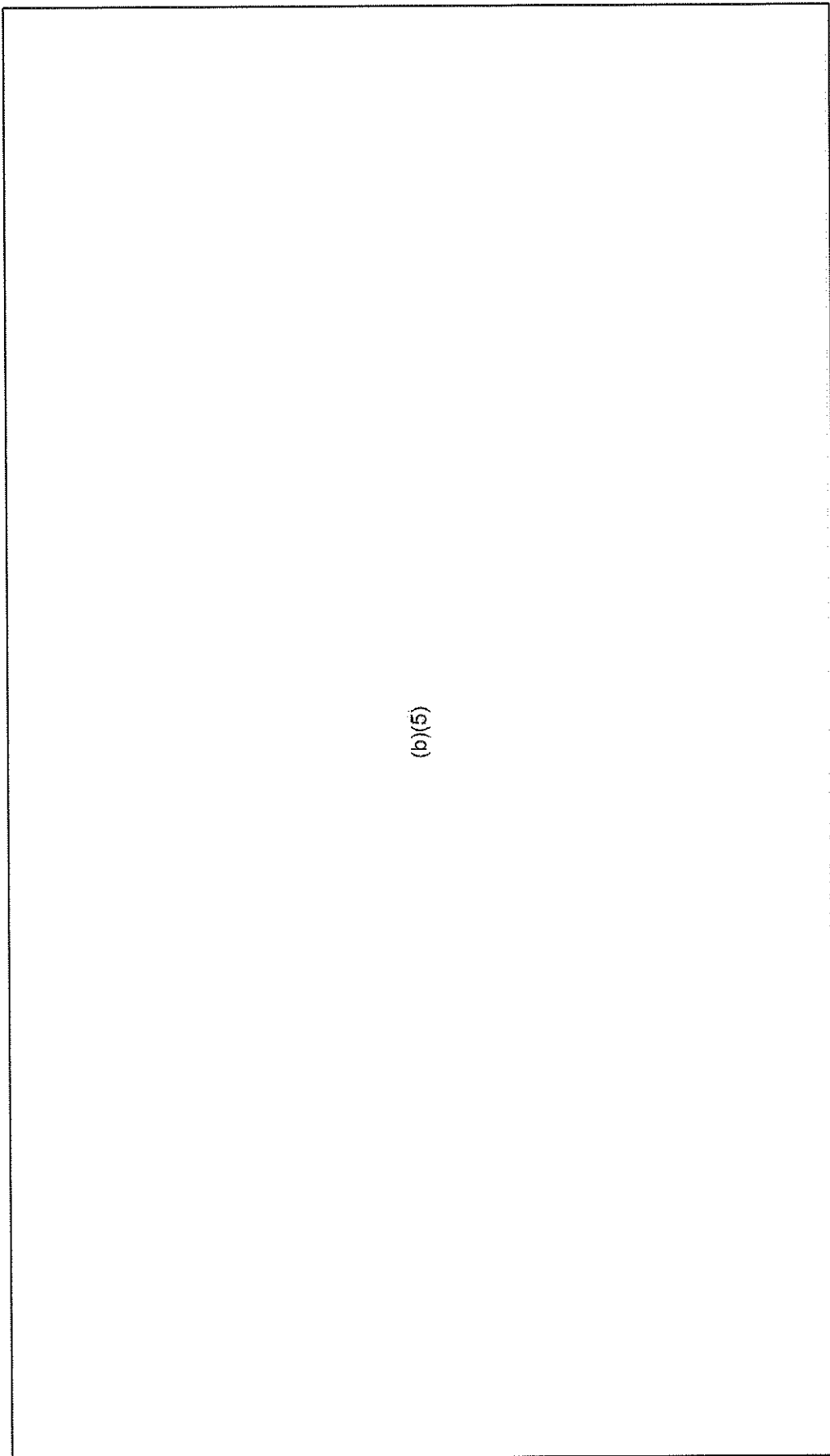
Mobile: (b)(6)

 Follow us on [Twitter](#)

 Join us on [Facebook](#)

Template for OADC Social Media Paid Ads

Send completed table to XYZ for review and feedback



(b)(5)

From: Crawford, Carol Y. (CDC/OD/OADC)
Sent: Thu, 4 Mar 2021 18:58:01 +0000
To: LaPorte, Kathleen (CDC/DDID/NCIRD/ID);Jorgensen, Cynthia (CDC/DDID/NCIRD/OD);Sokler, Lynn (CDC/OD/OADC);CDC IMS JIC Lead -2
Cc: Cory, Janine (CDC/DDID/NCIRD/DVD);Bretthauer-Mueller , Rosemary (CDC/DDNID/NCIPC/OD);CDC IMS JIC OADC LNO -2;Dempsey, Jay H. (CDC/OD/OADC);LaPorte, Kathleen (CDC/DDID/NCIRD/ID);Layton, Kathleen (CDC/OD/OADC);Vazquez, Germaine (ATSDR/OCOM)
Subject: Re: Awareness: Facebook "I got a COVID-19 Vaccine" frame

(b)(5)
(b)(5) When I get a copy, I'll share. They would like to launch it around March 15.

From: Crawford, Carol Y. (CDC/OD/OADC)
Sent: Monday, March 1, 2021 11:19 AM
To: LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <wng2@cdc.gov>; Jorgensen, Cynthia (CDC/DDID/NCIRD/OD) <cxj4@cdc.gov>; Jones, Christopher M. (CDC/DDNID/NCIPC/OD) <FJR0@cdc.gov>; Bonds, Michelle E. (CDC/OD/OADC) <meb0@cdc.gov>; Sokler, Lynn (CDC/OD/OADC) <zsz0@cdc.gov>; CDC IMS JIC Lead -2 <eocjiclead2@cdc.gov>; OConnor, John (CDC/DDID/NCEZID/OD) <jpo2@cdc.gov>
Cc: Cory, Janine (CDC/DDID/NCIRD/DVD) <jyc5@cdc.gov>; Bretthauer-Mueller , Rosemary (CDC/DDNID/NCIPC/OD) <zhk0@cdc.gov>; CDC IMS JIC OADC LNO -2 <eocevent202@cdc.gov>; Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>
Subject: RE: Awareness: Facebook "I got a COVID-19 Vaccine" frame

Update: Looks like (b)(5)
(b)(5) I'll keep you posted.

From: LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <wng2@cdc.gov>
Sent: Monday, March 1, 2021 8:53 AM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>; Jorgensen, Cynthia (CDC/DDID/NCIRD/OD) <cxj4@cdc.gov>; Jones, Christopher M. (CDC/DDNID/NCIPC/OD) <FJR0@cdc.gov>; Bonds, Michelle E. (CDC/OD/OADC) <meb0@cdc.gov>; Sokler, Lynn (CDC/OD/OADC) <zsz0@cdc.gov>; CDC IMS JIC Lead -2 <eocjiclead2@cdc.gov>; OConnor, John (CDC/DDID/NCEZID/OD) <jpo2@cdc.gov>
Cc: Cory, Janine (CDC/DDID/NCIRD/DVD) <jyc5@cdc.gov>; Bretthauer-Mueller , Rosemary (CDC/DDNID/NCIPC/OD) <zhk0@cdc.gov>; CDC IMS JIC OADC LNO -2 <eocevent202@cdc.gov>; Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>
Subject: RE: Awareness: Facebook "I got a COVID-19 Vaccine" frame

Hi All,

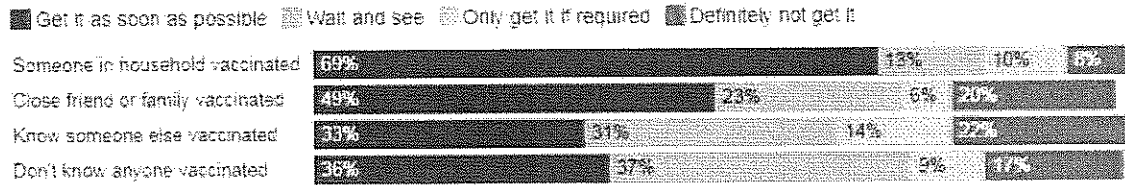
Also, some additional information from KFF showing the benefit of people sharing their own vaccine experience with their network.

[KFF COVID-19 Vaccine Monitor: February 2021 | KFF](#)

Figure 11

Those With Closer Connections To People Who Have Been Vaccinated Are More Likely To Say They'll Get Vaccinated As Soon As Possible

When an FDA approved vaccine for COVID-19 is available to you for free, do you think you will...?



NOTE: Among those who have not been vaccinated for COVID-19. See topline for full question wording.
SOURCE: KFF COVID-19 Vaccine Monitor (Feb. 15-Feb. 23, 2021) • Download PNG

KFF COVID-19 Vaccine Monitor

We also saw positive interaction our flu campaign [#SleeveUp to #FightFlu](#) effort on social media.

-KLP

From: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>

Sent: Friday, February 26, 2021 4:57 PM

To: Jorgensen, Cynthia (CDC/DDID/NCIRD/OD) <cxi4@cdc.gov>; Jones, Christopher M. (CDC/DDNID/NCIPC/OD) <FJR0@cdc.gov>; Bonds, Michelle E. (CDC/OD/OADC) <meh0@cdc.gov>; Sokler, Lynn (CDC/OD/OADC) <zsz0@cdc.gov>; CDC IMS JIC Lead -2 <eocjiclead2@cdc.gov>; OConnor, John (CDC/DDID/NCEZID/OD) <jpo2@cdc.gov>

Cc: Cory, Janine (CDC/DDID/NCIRD/DVD) <jyc5@cdc.gov>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <wng2@cdc.gov>; Bretthauer-Mueller, Rosemary (CDC/DDNID/NCIPC/OD) <zhk0@cdc.gov>; CDC IMS JIC OADC LNO -2 <eocevent202@cdc.gov>; Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>

Subject: RE: Awareness: Facebook "I got a COVID-19 Vaccine" frame

Answering what I have read so far in one e-mail...

Cynthia - (b)(5)

(b)(5)

From: Jorgensen, Cynthia (CDC/DDID/NCIRD/OD) <cxj4@cdc.gov>
Sent: Friday, February 26, 2021 4:46 PM
To: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>; Jones, Christopher M. (CDC/DDNID/NCIPC/OD) <FJR0@cdc.gov>; Bonds, Michelle E. (CDC/OD/OADC) <meb0@cdc.gov>; Sokler, Lynn (CDC/OD/OADC) <zsz0@cdc.gov>; CDC IMS JIC Lead -2 <eocjiclead2@cdc.gov>; OConnor, John (CDC/DDID/NCEZID/OD) <jpo2@cdc.gov>
Cc: Cory, Janine (CDC/DDID/NCIRD/DVD) <jyc5@cdc.gov>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <wng2@cdc.gov>; Bretthauer-Mueller, Rosemary (CDC/DDNID/NCIPC/OD) <zhk0@cdc.gov>; CDC IMS JIC OADC LNO -2 <eoevent202@cdc.gov>; Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>
Subject: RE: Awareness: Facebook "I got a COVID-19 Vaccine" frame

(b)(5)

Cynthia
JIC Co-Lead(March April)
CDC COVID-19 Emergency Response

Permanent Position
Associate Director for Communication
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention
1600 Clifton Road, Atlanta, GA 30333

Tel.: (404) 718-8534
Email: cxj4@cdc.gov

From: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>
Sent: Friday, February 26, 2021 4:37 PM
To: Jones, Christopher M. (CDC/DDNID/NCIPC/OD) <FJR0@cdc.gov>; Bonds, Michelle E. (CDC/OD/OADC) <meb0@cdc.gov>; Sokler, Lynn (CDC/OD/OADC) <zsz0@cdc.gov>; CDC IMS JIC Lead -2 <eocjiclead2@cdc.gov>; OConnor, John (CDC/DDID/NCEZID/OD) <jpo2@cdc.gov>; Jorgensen, Cynthia (CDC/DDID/NCIRD/OD) <cxj4@cdc.gov>
Cc: Cory, Janine (CDC/DDID/NCIRD/DVD) <jyc5@cdc.gov>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <wng2@cdc.gov>; Bretthauer-Mueller, Rosemary (CDC/DDNID/NCIPC/OD) <zhk0@cdc.gov>; CDC IMS JIC OADC LNO -2 <eoevent202@cdc.gov>; Dempsey, Jay H. (CDC/OD/OADC) <ifb5@cdc.gov>
Subject: Awareness: Facebook "I got a COVID-19 Vaccine" frame

Facebook has approached CDC (and HHS) about creating a single US "frame" where people who have been vaccinated can change their profile picture to indicate they have received their COVID vaccine.

(b)(5)

In a nutshell,

(b)(4)

(b)(4)

From: Crawford, Carol Y. (CDC/OD/OADC)
Sent: Wed, 12 May 2021 15:46:46 +0000
To: Layton, Kathleen (CDC/OD/OADC); Dempsey, Jay H. (CDC/OD/OADC); jennifer.shopkorn@census.gov; CLewitzke@reingold.com; shuxley@reingold.com; kstanley@reingold.com; Carrie Adams; Payton Itheme; Sokler, Lynn (CDC/OD/OADC); Galatas, Kate (CDC/OD/OADC)
Subject: Training for Facebook's Misinfo Reporting Channel

Holding 1 hour but expect it to be closer to 30 minutes.

Join ZoomGov Meeting

(b)(6)

Meeting ID: (b)(6)

Passcode: (b)(6)

One tap mobile

(b)(6) US (San Jose)
US (New York)

Dial by your location

(b)(6) US (San Jose)
US (New York)
US (San Jose)
US


Meeting ID: (b)(6)

Passcode: (b)(6)

Find your local number: (b)(6)

From: Claire Wardle (Google Docs)
Sent: Fri, 09 Jul 2021 10:55:06 -0700
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)
Subject: CDC Draft Curriculum

Claire Wardle resolved comments in the following document

 CDC Draft Curriculum

Resolved
3
comments

Resolved

Comments

Introduction to effective fact-checks and filling information and content gaps: how to word headlines or fact-checks without causing more harm.



El Wil

...what about increasing collabs with factcheckers? How to work with journos more effectively?



Claire Wardle **New**

Marked as resolved

ReplyOpen

Messages



El Wil

How about straight up content? Not just messages? Thinking about tailored, culturally relevant content in many languages and formats...




Claire Wardle **New**

Marked as resolved

ReplyOpen

Tuesday – Introduction to Social Listening

 El Wil


Stealing from Terri, but maybe we consider adding "observations" meaning understanding interactions such as an AMA or community dynamics such as holistic or mommy communities and community norms and how they can hamper or accelerate misinfo/info voids...

 El Wil

Another important component to this: recognizing the limitations of social listening; e.g. the iceberg problem, and listing a more fulsome set of data sources HD staff may have access to such as tip lines, surveys, especially with a focus on offline/rural/disproportionately affected pops

 El Wil

Also, I think we need mention of access and equity here--communities with limited health or network access are also more likely to be vulnerable to lower vaccine uptake and outbreaks. Systems we use are meant for English speakers and are inherently biased. We should unpack this so that assumptions are not made based on limited data collection on only a small number of platforms.

 Claire Wardle New

Marked as resolved

ReplyOpen

Google LLC, 1600 Amphitheatre Parkway, Mountain View, CA 94043, USA

You have received this email because you are a participant in the updated discussion threads. Change what Google Docs sends you. You cannot reply to this email.

Google™

From: Nuadum Konne (Google Docs)
Sent: Tue, 16 Feb 2021 14:13:37 -0800
To: Kolis, Jessica (CDC/DDPHSIS/CGH/GID)
Subject: Healthcare Worker survey questions_protocol_v1

Nuadum Konne resolved comments in the following document

 Healthcare Worker survey questions_protocol_v1

Resolved
2
comments

Resolved

Comments

Now, I'm going to read a series of phrases regarding the COVID-19 vaccine and I'd like you to let me know if you've heard them with a yes or no. COVID-19 vaccine (mRNA) causes an irreversible damage to your genes Vaccinated kids are not as healthy as unvaccinated kids. COVID-19 vaccines caused deaths in the U.S. Vaccine contains microchips Vaccines contain aborted fetal cells

A

Atsuyoshi Ishizumi

I wonder if we can just explore these as probes under Q1 as opposed to reading them aloud... for example, "have you heard anything specifically about mRNA vaccine platform? If so, can you explain? Do you believe it to be true?" or something like that

N

Nuadum Konne

This is a good idea and I'm ok with either set up, will defer to Halim.

E

Elodie Ho

agree with the comments above, since the predominant rumors can be different in each country. So would suggest a probe instead.

J

Jessica Kolis

So does this feed into the same issue as the quant survey that we are putting rumors out there we don't need to? Can we just solicit rumors and maybe give categories? For example? Have you heard rumors about COVID-19 related to....

- Vaccine effectiveness
 - Vaccine safety
- etc?

N

Nuadum Konne

Thank you for the suggestion, I think a variation between and Atsu's suggestions works!

N

Nuadum Konne **New**

Marked as resolved

ReplyOpen

[Ask if they answer Q1] What is your impression of these rumors on your health seeking behavior? From your perspective, do you think COVID-19 vaccine misinformation has impacted your health seeking behavior?

N

Nuadum Konne

Which question makes more sense?

A

Atsuyoshi Ishizumi

I think I like Q2 better! Maybe we can ask more directly how these rumors have changed how they feel about COVID-19 vaccines?

N

Nuadum Konne

awesome! and agreed, a follow up question on how the rumors have changed how they feel about COVID-19 vaccines is great. Jess and others to weigh in.

E

Elodie Ho

agree with editing the question and focus on vaccine perception instead of health seeking behaviors, since we will interview CHWs. Should we be even more specific on the behavior and ask about their willingness to get vaccinated?

N

Nuadum Konne

Totally agree on this front, and we have specific questions on perceptions and willingness to get vaccinated in the survey section. Ideally, we would select participants for the in-depth interview based on their stated interests from the survey so I think we would have data around their willingness to get vaccinated from their survey response, but might be worth asking here too.

J

Jessica Kolis

Can we do that with declassifying (select people based on their responses)? If so then some of my comments above aren't needed. Are we worried about their behaviors or patients? I think the 2nd questions is better and like's Atsu's edit.

I don't think it would hurt to ask about their willingness to get vaccinated, it might give us more information than the 5 scale we have.

N

Nuadum Konne

Love the discussion on this question. I definitely don't think it would hurt to include a question on their willingness to get vaccinated here.

a

aurelie skrobik

agree with moving away from the question on health seeking behavior, also not sure what



that term means will be clear to all
Nuadum Konne

Marked as resolved

ReplyOpen


Google LLC, 1600 Amphitheatre Parkway, Mountain View, CA 94043, USA

You have received this email because you are a participant in the updated discussion threads. Change what Google Docs sends you. You can not reply to this email.




From: Daiva Yee (Google Slides)
Sent: Sun, 08 Aug 2021 21:21:49 -0700
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)
Subject: SMC RCA Presentat... - Can't remember if we decided to keep ...

Daiva Yee added a comment to the following document

 SMC RCA Presentation 8.3.21.pptx

vaccine



Daiva Yee 

Can't remember if we decided to keep this demographics slide. Probably can remove for adults if we aren't including for adolescents

Open


Google LLC, 1600 Amphitheatre Parkway, Mountain View, CA 94043, USA

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Google™

From: Scotti Michele Leonard (Google Slides)
Sent: Mon, 09 Aug 2021 05:15:22 -0700
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)
Subject: SMC RCA Presentat... - Confirm with Terri

Scotti Michele Leonard replied to a comment in the following document

 SMC RCA Presentation 8.3.21.pptx

Methods and Audiences



COVID-19 Vaccine Confidence Consults

Confirm with Terri



Elisabeth Wilhelm


Add to Teen bubble: Change o :Adults in Family" and "Adults, Outside of Family"



Scotti Michele Leonard

I will update figureand add to slide...



Scotti Michele Leonard 

Updated

Open


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From: COVID-19 Vaccine Confi... (Google Slides)
Sent: Fri, 06 Aug 2021 16:18:54 -0700
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)
Subject: SMC RCA Presentat... - I think this will be covered in MPBGC...

COVID-19 Vaccine Confidence Consults added a comment to the following document

 SMC RCA Presentation 8.3.21.pptx

Teens and Social Media



COVID-19 Vaccine Confidence Consults 

I think this will be covered in MPBGC presentation.

Open


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You have received this email because you are subscribed to all discussions on SMC RCA Presentation 8.3.21.pptx. Change what Google Docs sends you. You cannot reply to this email. View SMC RCA Presentation 8.3.21.pptx to reply.

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From: COVID-19 Vaccine Confi... (Google Slides)
Sent: Sun, 08 Aug 2021 14:58:40 -0700
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)
Subject: SMC RCA Presentat... - moved this one up earlier

COVID-19 Vaccine Confidence Consults added a comment to the following document

 SMC RCA Presentation 8.3.21.pptx



COVID-19 Vaccine Confidence Consults **New**

moved this one up earlier

Open


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From: COVID-19 Vaccine Confi... (Google Slides)
Sent: Fri, 06 Aug 2021 14:48:59 -0700
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)
Subject: SMC RCA Presentat... - There were some teens, family members...

COVID-19 Vaccine Confidence Consults added a comment to the following document

 SMC RCA.Presentation 8.3.21.pptx

Limited direct interviews



COVID-19 Vaccine Confidence Consults 

There were some teens, family members, and community members we came across who were hesitant

Open


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Google®

From: COVID-19 Vaccine Confi... (Google Slides)
Sent: Sun, 08 Aug 2021 17:39:13 -0700
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)
Subject: SMC RCA Presentation 8.3.21.pptx

COVID-19 Vaccine Confidence Consults resolved comments in the following document

 SMC RCA Presentation 8.3.21.pptx


Resolved
2
comments

Resolved

Comments



COVID-19 Vaccine Confidence Consults

I think this would be a great closing slide.
COVID-19 Vaccine Confidence Consults 



Marked as resolved

Open


Hyperlocal targeting and tailoring of outreach and clinics High-touch direct outreach to talk through concerns and answer questions



COVID-19 Vaccine Confidence Consults

I moved these up and underlined because I heard often but now am wondering if you were underlining for different emphasis?



COVID-19 Vaccine Confidence Consults 

Marked as resolved

Open


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You have received this email because you are a participant in the updated discussion threads. Change what Google Docs sends you. You cannot reply to this email.



From: Aybuke Koyuncu (Google Docs)
Sent: Mon, 12 Jul 2021 14:59:36 -0700
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)
Subject: SMC RCA_Draft Qua... - Could add additional questions here, ...

Aybuke Koyuncu replied to a comment in the following document

 SMC.RCA_Draft Quant Survey

Trusted information sources? Online conversations?

A

Aybuke Koyuncu

Could add additional questions here, could leave this section blank and allow them to come up with questions

E

EI Wil

Other ideas:

Have you had conversations about COVID-19 vaccines with family and friends?

Have any of these conversations been prompted by sharing of concerns or misinformation about COVID-19 vaccines?

How would you characterize the information you get about COVID-19 on a day to day basis?

Too much information
About the right information
Not enough information
Don't know

[Getting at overload]: Have you changed the amount of time you spend on social media since January?

Increased
Decreased
About the same
Don't know

How would you describe in a word how you feel/felt about getting a COVID-19 vaccine? [open answer]

How would you describe in a word how you feel about your family getting COVID-19 vaccines? [open answer]

...just some ideas.



Aybuke Koyuncu

Lis most interested in last 2



Aybuke Koyuncu

Where are people getting information

Open

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You have received this email because you are a participant in this thread.
Change what Google Docs sends you. You can reply to this email to reply to the discussion.



From: Charlotte Stanton
Sent: Mon, 28 Jun 2021 10:33:39 -0700
To: vsi-early-users-external@google.com
Cc: Tomer Shekel
Subject: [VSI Early Access Users External] Google VSI: your feedback and artifacts

Dear VSI early users,

Many thanks to those who have already shared your feedback on the vaccination search insights data!

If you haven't yet provided feedback on what you like/don't like about the dataset, please do so *asap* by filling in [this form](#). Thank you!

Since starting to work with the data, have you found an interesting correlation that might benefit others? And/or have you already integrated the data into your workflow?

To help newcomers understand and use the data more easily, we would like to post examples of how you are using it alongside the published data. Even if you are in the early stages of working with the data, we would love to know your initial ideas on a potential artifact you might like us to publish to help make it easier for others to use the data.

With gratitude,
Charlotte on behalf of the VSI team

--
WARNING: There are external email addresses on this mailing list. Do not discuss any internal or confidential information.

You received this message because you are subscribed to the Google Groups "VSI Early Access Users [External]" group.

To unsubscribe from this group and stop receiving emails from it, send an email to vsi-early-users-external+unsubscribe@google.com.

To view this discussion on the web visit <https://groups.google.com/a/google.com/d/msgid/vsi-early-users-external/CAOt8YrfU2dt6QbNYk-ma2mWQCDyeRZtrR5T6kfdH%2B3JjdSwffw%40mail.gmail.com>.

From: Richard DeFiore
Sent: Tue, 15 Jun 2021 08:45:26 -0400
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID);Lubar, Debra (CDC/DDID/NCEZID/OD);Kolis, Jessica (CDC/DDPHSIS/CGH/GID);Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP)
Subject: New Google Tools for COVID-19

Hi all,
Just another FYI if you haven't seen this already:

Sharing several new tools we've developed to help public health officials and researchers better understand the vaccination needs of their communities (see [blog post](#) for more details):

- **COVID-19 Vaccination Access Dataset:** In an effort to support local and state public health officials in their vaccination efforts, [the public tool](#) quantifies access to vaccination sites, taking into account travel time (from Google Directions API, no user data) via different modes of transportation. We hope the dataset can help public health officials, researchers, and healthcare providers identify areas where vaccination sites are inaccessible or hard to reach, and inform interventions such as pop up vaccination sites or transportation support. This dataset powers Ariadne Labs & Boston Children's Hospital's new [Vaccine Equity Planner](#) dashboard, which integrates and visualizes our data with data from other relevant COVID-19 sources.
- **COVID-19 Vaccination Search Insights tool:** We've heard from leading public health organizations and researchers that they have a difficult time knowing what information their communities are seeking about vaccines and vaccination and that they lack localized, timely sources of data that could inform their vaccine campaigns. Using aggregated and anonymized Google Search data, the insights tool (currently in early access phase, with upcoming public release) will show trends over time at the county and zipcode level representing the relative search interest in COVID-19 vaccination. The data is normalized such that users can compare the trends in different regions, and over time, without exposing any individual query or even the actual number of queries in any given area.

Both tools will initially be available in English and in the US to start, with plans to explore international expansion in the months ahead.

Richard DeFiore | Google Cloud Federal Team | rdefiore@google.com | 703-598-8767

From: Twitter
Sent: Sat, 04 Apr 2020 14:45:12 +0000
To: Kolis, Jessica (CDC/DDID/NCIRD/OD) (CTR)
Subject: Paul Offit Tweeted: How to Cure Coronavirus - with Dr. Paul Offit vi...

Looking for up-to-date info on COVID-19? [Read now](#)

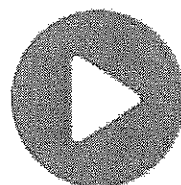


Your Highlights



Paul Offit
@DrPaulOffit

How to Cure Coronavirus - with Dr. Paul Offit via @YouTube



 3

 13

 24

From: Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR)
Sent: Tue, 16 Feb 2021 13:42:39 +0000
To: irenejay@google.com
Subject: RE: [Training Opportunity] First Draft's Vaccine Insights Bootcamp

Thanks for the signal boost! 😊

Hope you're doing well, Irene!

Sincerely,

Elisabeth Wilhelm
Vaccine Confidence Strategist

| Deployed to CDC Vaccine Task Force as Team Co-Lead of Vaccine Confidence Team
| Day Job: Demand for Immunization Team, Global Immunization Division

M: (b)(6)
E: nla5@cdc.gov

| Contractor with Technals Consulting

From: irenejay@google.com <irenejay@google.com>
Sent: Tuesday, February 16, 2021 6:36 AM
To: Wilhelm, Elisabeth (CDC/DDID/NCIRD/OD) (CTR) <nla5@cdc.gov>
Subject: [Training Opportunity] First Draft's Vaccine Insights Bootcamp

Hello Elisabeth,

I hope all is well! I wanted to pass along an update from First Draft, which has launched the Vaccine Insights Hub to help reporters, public health communication specialists, policy makers and community organizations tackle health and vaccine misinformation.

They have also launched an amazing 10-part bootcamp - offered in 3 time zones, which kicks off today and features First Draft APAC's own Anne Kruger and Esther Chan!

The program is designed and run by First Draft's highly experienced team, working on the frontline in the fight against misinformation. You can join as many online workshops as you wish. They're free, easy to access, and only take 30 minutes.

With the ability to build your own syllabus, live interpretation in your language and on-demand lesson recaps, this highly customizable course is designed for busy schedules and varied levels of knowledge and experience. **Register [here](#)** to build a new set of razor sharp skills and become an expert in search, monitoring, verification and more.

The course is available in nine languages and across three time zones:

- Tuesdays: AEDT (English, Mandarin and Hindi).
- Wednesdays: GMT (English, French, Arabic, Italian and German).
- Thursdays: ET (English, Spanish, and Portuguese).

Vaccine Insights Hub

You will be pleased to hear that First Draft is now offering a new series of resources and initiatives to help reporters, public health communication specialists, policy makers and community organizations tackle health and vaccine misinformation in the first half of 2021.

These resources include a [Vaccine Insights Hub](#) and related weekly newsletter, flexible online learning materials and crisis simulations. Below are further details about what is available and you will note the **30 minute training opportunities** listed (starting 16th February 2021) - we hope that BBC Media Action will be interested in participating. Do get the details out to your colleagues and you can all sign up [via the hub](#).

An online resource for vaccine insights

Central to the project is the [Vaccine Insights Hub](#). It's an online resource and center of expertise for timely insights, intelligence and reporting guidance on the latest vaccine misinformation. It will feature research, case studies and training, along with key topics and trends gathered from online conversations.

Sign up to our Vaccine Insights newsletter

We hope you find this project to counter vaccine misinformation as valuable and important as we do. If you [sign up here](#), we'll email you our weekly briefing with all the narratives we are tracking, top tips and the latest on our events and training.

Build Your Own Bootcamp

Starting from February 16 (yes - tomorrow!) for 10 weeks, we will be running a Flexible Learning Course across three continents and nine languages, that offers registrants the chance to sign up to as many free 30-minute lectures and workshops as they like, according to their own interests and needs. They can also participate in hosted group chats and recap sessions to practice skills and share knowledge. Sign up now [via the hub](#).

Vaccine Crisis Simulations

In April, we will run three 90-minute online crisis simulations, placing participants at the heart of a high-intensity, high-impact breaking vaccine story, challenging them to make real-time reporting decisions as events unfold. Again, you can attend by registering [via the hub](#).

And much more...

We have plenty more in the pipeline for the months ahead, including a new research study exploring and analyzing examples of vaccine misinformation, weekly insights newsletter, monthly trends reports, 'snapshot' factsheets and checklists, our brand new CrossCheck platform for collaboration, and some really exciting new student and creative networks to help support us in our work.

In the meantime, you can discover our *'The building blocks of reporting and discussing Covid-19 vaccines'* PDF, that offers guidance on how to tackle misinformation on vaccines. Download the [PDF](#) here.

--

Irene Jay Liu	Google News Lab	irenejay@google.com	+65 9899 8335	g.co/newslab
				

From: Singleton, James (CDC/DDID/NCIRD/ISD)
Sent: Thu, 18 Mar 2021 19:47:46 +0000
To: Payton Ihome;Jorgensen, Cynthia (CDC/DDID/NCIRD/OD);Abad, Neetu S. (CDC/DDPHSIS/CGH/GID);Priya Gangolly;Crawford, Carol Y. (CDC/OD/OADC);Layton, Kathleen (CDC/OD/OADC);Dempsey, Jay H. (CDC/OD/OADC);Chelsey Lepage;Genelle Adrien;Katherine Morris
Cc: Airton Tatoug Kamdem;Nisha Deolalikar;Julia Eisman;Stephanie Bousheri;Liz Lagone;Kate Thornton;Kolis, Jessica (CDC/DDPHSIS/CGH/GID)
Subject: RE: Call or VC- Facebook weekly sync with CDC (CDC to invite other agencies as needed)

Revised intent question for Census Household Pulse survey 3.1 to start April 14 (survey will be on break during March 30-April 13):

Universe: If QV1 does not equal Yes

QV3. (GETVACC) Once a vaccine to prevent COVID-19 is available to you, would you...

- a. Definitely get a vaccine
- b. Probably get a vaccine - ask WHYNOT
- c. Be unsure about getting a vaccine- ask WHYNOT
- d. Probably NOT get a vaccine – ask WHYNOT
- e. Definitely NOT get a vaccine – ask WHYNOT

Universe: If QV3 = Probably get a vaccine, Be unsure about getting a vaccine, Probably NOT get a vaccine, or Definitely NOT get a vaccine OR if QV2 = No

QV4. (WHYNOT) Which of the following, if any, are reasons that you [only probably will /probably won't/definitely won't/ are unsure about whether to] [get a COVID-19 vaccine/won't receive all required doses of a COVID-19 vaccine]? (Select all that apply)

Scripter: randomize

- a. I am concerned about possible side effects of a COVID-19 vaccine
- b. I don't know if a COVID-19 vaccine will work
- c. I don't believe I need a COVID-19 vaccine – go to WHYNOT2
- d. I don't like vaccines
- e. My doctor has not recommended it
- f. I plan to wait and see if it is safe and may get it later
- g. I think other people need it more than I do right now
- h. I am concerned about the cost of a COVID-19 vaccine
- i. I don't trust COVID-19 vaccines
- j. I don't trust the government
- k. Other (please specify: _____) [ANCHOR]

Universe: If QV4 = I don't believe I need a COVID-19 vaccine

QV5. (WHYNOT2) Why do you believe that you don't need a COVID-19 vaccine? (Select all that apply)

Scripter: randomize

- a. I already had COVID-19
- b. I am not a member of a high-risk group
- c. I plan to use masks or other precautions instead
- d. I don't believe COVID-19 is a serious illness
- e. I don't think vaccines are beneficial
- f. Other (please specify: _____) [ANCHOR]

For a planned adult survey to launch in April using the National Immunization Survey sample frame, we are adding a question about when respondents think they would get vaccinated, to get at the "wait and see" group:

[SHOW IF VAX2=2, 99]

VAX7.

Once a COVID-19 vaccine is available to you, would you...

RESPONSE OPTIONS:

- f. Definitely get a vaccine
- g. Probably get a vaccine
- h. Be unsure about getting a vaccine
- i. Probably not get a vaccine
- j. Definitely not get a vaccine

[SHOW IF VAX6=1, 2, 3]

VAX8.

Once a COVID-19 vaccine is available to you, when do you think you would get it?

RESPONSE OPTIONS:

- 1. Immediately
- 1. Within a month
- 2. Within three months
- 3. Within six months
- 4. More than six months
- 5. I wouldn't get it at all without more information

Thanks,
Jim

-----Original Appointment-----

From: Payton Iheme <payton@fb.com>

Sent: Tuesday, March 16, 2021 1:07 PM

To: Payton Iheme; Jorgensen, Cynthia (CDC/DDID/NCIRD/OD); Singleton, James (CDC/DDID/NCIRD/ISD); Abad, Neetu S. (CDC/DDPHSIS/CGH/GID); Priya Gangolly; Crawford, Carol Y. (CDC/OD/OADC); Layton, Kathleen (CDC/OD/OADC); Dempsey, Jay H. (CDC/OD/OADC); Chelsey Lepage; Genelle Adrien; Katherine Morris

Cc: Airton Tatoug Kamdem; Nisha Deolalikar; Julia Eisman; Stephanie Bousheri; Liz Lagone; Kate Thornton; Kolis, Jessica (CDC/DDPHSIS/CGH/GID)

Subject: Call or VC- Facebook weekly sync with CDC (CDC to invite other agencies as needed)

When: Thursday, March 18, 2021 3:00 PM-4:00 PM (UTC-05:00) Eastern Time (US & Canada).

Where:

FB will go over the CMU report during this call.

Carol Crawford

-----Original Appointment-----

From: Payton Iheme <payton@fb.com>

Sent: Wednesday, January 27, 2021 6:44 PM

To: Payton Iheme; Priya Gangolly; Crawford, Carol Y. (CDC/OD/OADC); Layton, Kathleen (CDC/OD/OADC); Dempsey, Jay H. (CDC/OD/OADC); Chelsey Lepage; Genelle Adrien; Katherine Morris

Cc: Airton Tatoug Kamdem; Nisha Deolalikar; Julia Eisman; Stephanie Bousheri; Liz Lagone; Kate Thornton; Kolis, Jessica (CDC/DDPHSIS/CGH/GID)

Subject: Call or VC- Facebook weekly sync with CDC (CDC to invite other agencies as needed)

When: Thursday, March 18, 2021 3:00 PM-4:00 PM (UTC-05:00) Eastern Time (US & Canada).

Where:

-New attendees Intro

-CDC needs/questions

-FB Product updates/feedback request (COVID-HUB)

-COVID-19 Projects- CMU/FB Data Survey Update, Misinfo collab status, other

Ways to join

🌐 Computer or Mobile:

(b)(6)

Facebook Conference Room:

Use the touch panel to enter the join code and pin
8435

Telephone:

Dial in on or find an alternative
number then enter ID followed by participant passcode

Enabled by **Rooms**

From: Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP)
Sent: Fri, 19 Mar 2021 00:24:43 +0000
To: payton@fb.com;Priya Gangolly;Crawford, Carol Y. (CDC/OD/OADC);Layton, Kathleen (CDC/OD/OADC);Dempsey, Jay H. (CDC/OD/OADC);chelseylepage@fb.com;genelleadrien@fb.com;katherinemorris@fb.com
Cc: Airton Tatoug Kamdem;Nisha Deolalikar;Julia Eisman;Stephanie Bousheri;Liz Lagone;kthornton@fb.com;Kolis, Jessica (CDC/DDPHSIS/CGH/GID)
Subject: RE: Call or VC- Facebook weekly sync with CDC

Hi Facebook team,

I apologize that my sound cut out on the call today! It was great to hear you present on your excellent work.

In terms of understanding and building vaccine confidence – what would be incredibly helpful to our team is if you had the vaccine willingness variables and perceived barriers to vaccination variables segmented by county, or even by state. We have had an incredibly hard time getting granular data at this level and this would be so useful to our mapping efforts and our Insights Reports – as well as understanding the local factors working together to impact vaccine confidence. In both our mapping efforts and Insights Reports we use multiple data sources to better understand the factors currently affecting vaccine confidence and uptake. Our funded states and jurisdictions would be so happy and eager for this data as well!

Do you think such segmentation is possible? How often does your data refresh? Are all your vaccine confidence data indicators asked the same way at each wave of data collection?

Kindest regards and look forward to hearing your thoughts,
Kate

Kate Brookmeyer, Ph.D.
Behavioral Scientist

Vaccinate with Confidence Team | Insights Unit
Vaccine Task Force | Chief Medical Office
Centers for Disease Control and Prevention
Mobile: (b)(6)

Division of STD Prevention
National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention
Centers for Disease Control and Prevention
Work: +1.404.639.8058

-----Original Appointment-----

From: payton@fb.com <payton@fb.com>
Sent: Tuesday, March 16, 2021 10:43 AM
To: payton@fb.com; Brookmeyer, Kathryn A. (CDC/DDID/NCHHSTP/DSTDP); Priya Gangolly; Crawford, Carol Y. (CDC/OD/OADC); Layton, Kathleen (CDC/OD/OADC); Dempsey, Jay H. (CDC/OD/OADC); chelseylepage@fb.com; genelleadrien@fb.com; katherinemorris@fb.com
Cc: Airton Tatoug Kamdem; Nisha Deolalikar; Julia Eisman; Stephanie Bousheri; Liz Lagone;

kthornton@fb.com; Kolis, Jessica (CDC/DDPHSIS/CGH/GID)

Subject: Call or VC- Facebook weekly sync with CDC (CDC to invite other agencies as needed)

When: Thursday, March 18, 2021 3:00 PM-4:00 PM (UTC-05:00) Eastern Time (US & Canada).

Where:

-----Original Appointment-----

From: payton@fb.com <payton@fb.com>

Sent: Wednesday, March 10, 2021 9:55 AM

To: Payton IHEME; Priya Gangolly; Crawford, Carol Y. (CDC/OD/OADC); Layton, Kathleen (CDC/OD/OADC); Dempsey, Jay H. (CDC/OD/OADC); chelseylepage@fb.com; genelleadrien@fb.com; katherinemorris@fb.com

Cc: Airton Tatoug Kamdem; Nisha Deolalikar; Julia Eisman; Stephanie Bousheri; Liz Lagone; kthornton@fb.com; Kolis, Jessica (CDC/DDPHSIS/CGH/GID)

Subject: Call or VC- Facebook weekly sync with CDC (CDC to invite other agencies as needed)

When: Thursday, March 18, 2021 3:00 PM-4:00 PM (UTC-05:00) Eastern Time (US & Canada).

Where:


-New attendees Intro

-CDC needs/questions

-FB Product updates/feedback request (COVID-HUB)

-COVID-19 Projects- CMU/FB Data Survey Update, Misinfo collab status, other

Ways to join

 Computer or Mobile:

 Facebook Conference Room:

Use the touch panel to enter the join code and pin

 Telephone:

Dial in on or find an alternative number
then enter ID followed by participant passcode

Enabled by **Rooms**

From: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)
Sent: Thu, 8 Oct 2020 12:11:06 +0000
To: Irene Jay Liu
Cc: Joie Goh;trin Three;Chelsea Sim
Subject: Re: Thank you Elisabeth! - TMS 2020
Attachments: wanted-infodemic-unicorns.jpg

Hi Irene,

I actually met Alexios and Claire together over a year ago when they were at TED. Alexios is a cool dude!

The link, describe and even video for the unicorn program are below. Even if people feel like they don't quite fit the mold, I urge them to apply—we need diversity of experiences and skills to successfully combat the waves of misinformation that a new COVID-19 vaccines or vaccines will bring about. The world and ending this pandemic depends on this piece in context of a robust public health response and more medical and behavioral interventions in our arsenal.

Thanks for the signal boost! ☐

Video link: <https://www.youtube.com/watch?v=X5HD96LuW9M>

Short description:

Infodemic manager unicorns sought! Apply for WHO's first comprehensive global training on tracking, analyzing and addressing misinformation that affects people's health behaviors and help health systems respond more effectively to COVID-19. Searching for people with public health, digital, behavioral, data, and communications skills. Apply today! Deadline is October 18: <https://www.who.int/news-room/articles-detail/call-for-applicants-for-1st-who-training-in-infodemic-management>

Please don't hesitate to reach out if you have any further questions.

Lis

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From: Irene Jay Liu <irenejay@google.com>
Sent: Thursday, October 8, 2020 6:55:45 AM
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nfa5@cdc.gov>
Cc: Joie Goh <joiegoh@themasterplan.com.sg>; trin Three <(b)(6)>; Chelsea Sim <chelseasim@themasterplan.com.sg>
Subject: Re: Thank you Elisabeth! - TMS 2020

Hi Elisabeth,

Thanks so much for giving such a dynamic keynote! I know it sparked a lot of interest among participants - I received a lot of requests to be able to replay your presentation from participants, so thank you for allowing us to share to attendees!

Would you mind resharing the link to the unicorn program? I'll send a follow up email and include it in the link.

Also, I don't know if you've had a chance to meet my colleague Alexios Mantzaris, but he's working on programs to counter immunization misinfo so I'd love to introduce you, if you're interested!

Thanks,
Irene

On Thu, Oct 8, 2020 at 11:49 AM Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov> wrote:

Oh that makes me want to laugh hysterically.

You're talking to the new vaccine confidence strategist for USG. Send good thoughts toward me, I shall need them. ☐

Have a great day, Joie and colleagues!

Sincerely,

Elisabeth Wilhelm

Health Communications Specialist

| Deployed to CDC Vaccine Task Force in Vaccine Confidence Team as Vaccine Confidence Strategist

Day Job: Demand for Immunization Team, Global Immunization Division, CDC

M: (b)(6)

E: nla5@cdc.gov

From: Joie Goh <joiegoh@themasterplan.com.sg>
Sent: Wednesday, October 7, 2020 11:48 PM
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>
Cc: Irene Jay Liu <irenejay@google.com>; trin Three <[REDACTED] (b)(6)>; Chelsea Sim <chelseasim@themasterplan.com.sg>
Subject: Re: Thank you Elisabeth! - TMS 2020

Got it!

I hope you got to catch some ZZZ's these few days!

Joie Goh
Assistant Project Manager | The MasterPlan | m: [REDACTED] (b)(6)

45 Jalan Pemimpin, Foo Wah Industrial Building, #07-00B, S577197

On Thu, Oct 8, 2020 at 11:44 AM Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov> wrote:

I'm good without it, thank you for asking. ☐

Sincerely,

Elisabeth Wilhelm

Health Communications Specialist

| Deployed to CDC Vaccine Task Force in Vaccine Confidence Team as Vaccine Confidence Strategist

Day Job: Demand for Immunization Team, Global Immunization Division, CDC

M: (b)(6)

E: nla5@cdc.gov

From: Joie Goh <joiegoh@themasterplan.com.sg>

Sent: Wednesday, October 7, 2020 11:40 PM

To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>

Cc: Irene Jay Liu <irenejay@google.com>; trin Three <(b)(6)>; Chelsea Sim <chelseasim@themasterplan.com.sg>

Subject: Re: Thank you Elisabeth! - TMS 2020

Hey Elisabeth,

Got it! Thanks for letting us know.

Would you want us to edit and send you your individual video?

Let me know!

Joie Goh

Assistant Project Manager | The MasterPlan | m: (b)(6)

45 Jalan Pemimpin, Foo Wah Industrial Building, #07-00B, S577197

On Thu, Oct 8, 2020 at 11:23 AM Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov> wrote:

Hi Joie,

Thanks for reaching out and thanks for keeping all the plates spinning in the air for this very thoughtfully constructed event.

I got permission to present due it being a closed conference so I'm afraid I won't be able to have made it public. Closed loop works fine though. ☐

Thanks for the kind thought of token of appreciation but I'll be unable to accept it as a US government employee.

I hope that the rest of the conference went swimmingly and that you all caught up on sleep!

Please don't hesitate to reach out if you have any further questions.

Sincerely,

Elisabeth Wilhelm

Health Communications Specialist

| Deployed to CDC Vaccine Task Force in Vaccine Confidence Team as Vaccine Confidence Strategist

Day Job: Demand for Immunization Team, Global Immunization Division, CDC

M: (b)(6)

E: nla5@cdc.gov

From: Joie Goh <joiegoh@themasterplan.com.sg>

Sent: Wednesday, October 7, 2020 1:59 AM

To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>

Cc: Irene Jay Liu <irenejay@google.com>; trin Three (b)(6) Chelsea Sim

<chelseasim@themasterplan.com.sg>

Subject: Thank you Elisabeth! - TMS 2020

Hello Elisabeth!

Thank you again for being a part of the Trusted Media Summit. Your presentation definitely added value to our event this year!

We've a few logistical questions for you:

1. We are wondering whether you'd be ok with us taking your TMS talk and making it available to participants to view as a replay? There are a few options and we'd like to hear what you are comfortable with (we can do all or none of the following):

- We make it available only to registered participants via a closed YT channel or some other format.
- We edit the video and then make it available on a YT channel that is open to a more public forum
- We edit your individual video and give it to you to post on your own platforms.

2. We'd like to send you a little token of appreciation for participating in TMS 2020.

- Could you send us your complete mailing address for this?

Hope to hear from you soon!

Thank you

Joie Goh

Assistant Project Manager | The MasterPlan | m

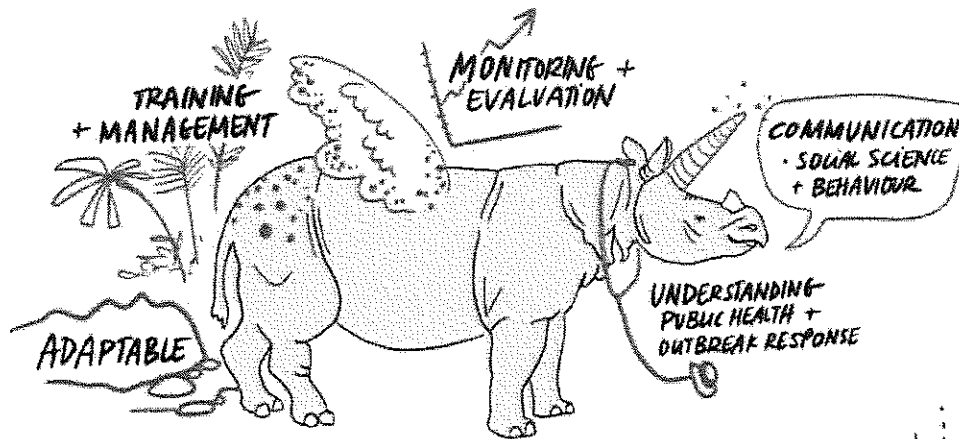
(b)(6)

45 Jalan Pemimpin, Foo Wah Industrial Building, #07-00B, S577197

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Irene Jay Ltd	Google News Lab	irenejay@google.com	+65 9859 8335	g.co/newslab

WANTED: INFODEMIC MANAGER UNICORNS



Call for applicants for 1st WHO training in infodemic management

DEADLINE:
OCT 18

Recruiting the first global cohort of Infodemic Managers to support health authorities in addressing the COVID-19 infodemic and strengthen community resilience against misinformation.



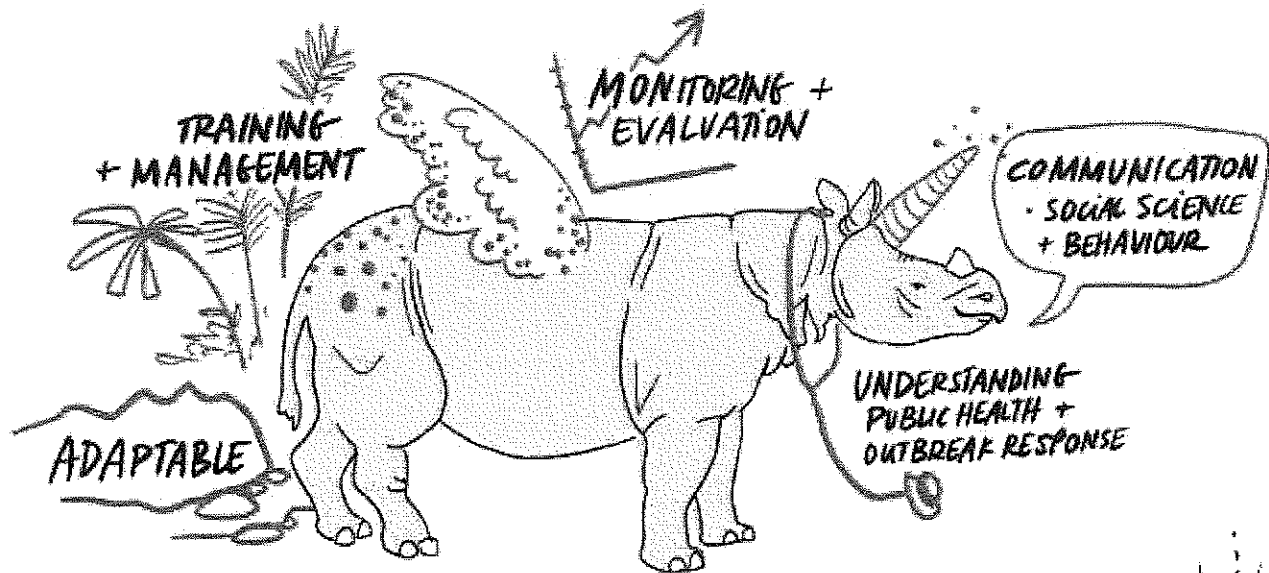
Hosted by



World Health Organization

SCAN AND APPLY!

WANTED: INFODEMIC MANAGER UNICORNS



Call for applicants for 1st WHO training in infodemic management

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OCT 18

Recruiting the first global cohort of Infodemic Managers to support health authorities in addressing the COVID-19 infodemic and strengthen community resilience against misinformation.



Hosted by



World Health Organization

SCAN AND APPLY!

From: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID)
Sent: Thu, 11 Jun 2020 20:14:09 +0000
To: Alexios Mantzaris
Subject: RE: Touching base and help signal boost job opp?

We're hoping to get her involved, as her name has come up several times. ☐ Things are moving!

From: Alexios Mantzaris <alexios@google.com>
Sent: Thursday, June 11, 2020 3:59 PM
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>
Subject: Re: Touching base and help signal boost job opp?

Very exciting! sounds good. Is Wardle involved?

On Thu, Jun 11, 2020 at 3:53 PM Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov> wrote:
Hi Alexios,

(b)(6) for getting through this pandemic in one piece. I salute you!

So, things have been moving fast, but to spare you needing to overload your calendar, I'll cut to the chase: WHO is hosting an infodemiology conference at the end of this month. Things are moving extremely fast but I thought you'd be interested in hearing more. We are establishing the scientific discipline of infodemiology, and targeting the general public for part of the conference and the rest for the leading 50 global experts working on misinformation including AI, computing, ethics, epidemiology, ux, design, media, governance and behavioral science. We'll need to get this to push back against the misinformation that threatens people's health, now and when a COVID-19 vaccine is available.

As ***soon*** as I get official info, I'll send to you! Should drop in next day or two. The conference starts June 29, virtually.

If you have any questions or are interested in a more robust role, let's talk about it. Schedule something then?

Warm regards,

Lis

From: Alexios Mantzaris <alexios@google.com>
Sent: Thursday, June 11, 2020 3:42 PM
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>
Subject: Re: Touching base and help signal boost job opp?

Hey Lis,

terribly sorry but it's a horrifically complicated period for calls given (b)(6) obligations too. Could you do 4p next thursday Jun 18? Excited to learn more!

On Wed, Jun 10, 2020 at 1:45 PM Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov> wrote:
Dear Alexios,

That time has come! Are you free to speak for 15 minutes later on today? I already have (b)(6) bouncing off the walls after I spoke with him!

Happy to work about your schedule.

Lis

From: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>
Sent: Saturday, June 6, 2020 1:08 PM
To: Alexios Mantzarlis <alexios@google.com>
Subject: Re: Touching base and help signal boost job opp?

Oh I suspect I will absolutely be in touch with you again soon. :)

Wishing you a wonderful weekend!

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From: Alexios Mantzarlis <alexios@google.com>
Sent: Saturday, June 6, 2020 12:21:33 PM
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>
Subject: Re: Touching base and help signal boost job opp?

Hey! I'm concentrating primarily on fact-checking ([launching products](#), [partnerships](#) and [sharing data](#)). So shout if you end up interested in this type of thing.

I have also been somewhat across a Question Hub thing that Google is working with the CDC on, I believe.

I know Harry! We're definitely of the same milieu - his org. was a signatory of the IFCN code that I oversaw.

Please do keep me posted on anything infodemiology-related. Right now I'm spinning down the COVID specific to focus primarily on election but the two are inevitably related.

Take good care,

On Fri, Jun 5, 2020 at 8:39 PM Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov> wrote:
Hi Alexios,

Likewise! What's keeping you busy nowadays? I heard Google is on the telework-forever track?

Meanwhile, I'm spending about 60% of my time now on infodemic response at WHO, and that is the work I hope this new comms person will help support.

I met a guy in Indonesia, where I have recently been doing a lot of prep work for social inoculation implementation research with Unicef and his team, who reminded me a lot of you! His name is Harry Sufehmi who runs Mafindo, the country's leading hoax busting org and who is tight with Google colleagues locally. They did incredible work to get the country's official COVID-19 resource website up and running (and survive a lot of hacking attempts). Millions of visits in days after launch, but only step one of a long road to fill the info gap and push back against misinformation.

The infodemic unit at WHO is heating up will be running a conference in three weeks that will set the groundwork on the new scientific discipline of infodemiology. I thought you'd like hearing that. :)

Let me know if you'd like any additional info in case you have colleagues who may be interested in attending!

Wishing you a restful weekend ahead,

Lis

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From: Alexios Mantzariis <alexios@google.com>
Sent: Friday, June 5, 2020 7:59:01 PM
To: Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>
Subject: Re: Touching base and help signal boost job opp?

great to hear from you! and I will do, pity it's only for US citizens but I guess you all have some good apples too ;)

take care

On Fri, Jun 5, 2020 at 10:38 AM Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov> wrote:

Dear Alexios,

I hope you're settling in nicely into this gig and that you and your family are doing well. ☐

Could you help signal boost this job announcement to your contacts (US citizens) who may be a good fit for our team in the Global Immunization Division at US CDC? We're a crackerjack international social and behavioral science team focused on improving demand for immunizations, especially in low and middle income countries through innovative

implementation research. And our latest focus is the intersection of the infodemic and its impact on vaccine acceptance, including a future COVID-19 vaccine.

I figured you might know a few folks who'd be great.

Thank you!

See link below to the health communications specialist 1 year temp position on our Demand for Immunization team with a focus on increasing Infodemic/social inoculation efforts so a premium on digital analytic skills, etc. would be great. Closing date is June 8.

Health Communications Specialist: <https://www.usajobs.gov/GetJob/ViewDetails/569098400>

This position requires US citizenship.

Kind regards,

Elisabeth Wilhelm

Health Communications Specialist

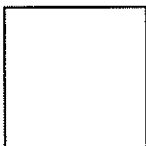
nla5@cdc.gov | (b)(6)

| *Supporting WHO infodemic response*

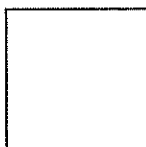
Demand for Immunization Team

Global Immunization Division (GID)

Centers for Disease Control and Prevention, Atlanta



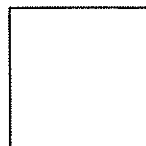
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**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF LOUISIANA
MONROE DIVISION**

STATE OF MISSOURI *ex rel.* ERIC S.
SCHMITT, Attorney General, and

STATE OF LOUISIANA *ex rel.* JEFFREY
M. LANDRY, Attorney General,

Plaintiffs,

v.

JOSEPH R. BIDEN, JR., in his official
capacity as President of the United States, *et*
al.;

Defendants.

Case No. 3:22-cv-01213

DECLARATION OF MICHAEL P. SENGER

1. I, Michael P. Senger, am over the age of 18.
2. I make this Declaration based on personal knowledge.
3. Beginning in 2020 until my permanent suspension, I maintained a very active Twitter account and accrued approximately 112,000 followers. Some of these followers were located in Missouri and Louisiana.
4. For the first time, I was suspended on October 27, 2021 for 12 hours, for “violating the policy on spreading misleading and potentially harmful information related to COVID-19.”
5. The tweet at issue read: “so the FDA granted an emergency use authorization to give kids mRNA vaccines, with unknown risks, for a virus that accounts for significantly fewer than 1% of deaths in that age group? Where’s the “emergency”?”
6. I was suspended again two days later, on October 29, for tweeting a link to a video and writing, “Blistering video documents in meticulous detail how official media and public health

statements gradually walked back COVID vaccine efficacy from ‘100%’ to under ‘33%’—one percentage point at a time.”

7. Although I had never previously been suspended for more than 12 hours (see above), on March 8, 2022, my account was permanently suspended, ostensibly for the following Tweet, which linked to an article in The Atlantic by Ed Yong that bore the headline “How Did This Many Deaths Become Normal?”

- a. I commented: “How did this many ‘deaths’ become normal? Because, though they may not yet be willing to face it, the vast majority have realized that every COVID policy—from the lockdowns and masks to the tests, death coding, and vaccine passes—has been one, giant fraud.”
- b. Twitter notified me that my account had been suspended for “violating the Twitter Rules” by “spreading misleading and potentially harmful information related to COVID-19.”
- c. The notification further stated that “if you attempt to evade a permanent suspension by creating new accounts, we will suspend your new accounts. If you wish to appeal this suspension, please contact our support team.”

8. Through this action, I have been permanently deprived of my voice on Twitter, carrying negative implications for my personal and professional life.

9. Twitter’s COVID-19 misleading information policy, available at <https://help.twitter.com/en/rules-and-policies/medical-misinformation-policy>, states that it is *not* a violation to post “Strong commentary, opinions, and/or satire, provided these do not contain false or misleading assertions of fact.” Although the statement that “every COVID policy...has been

one, giant fraud” is a strong opinion, a reasonable person would take it to be just that—opinion—rather than an assertion of fact.

10. This suspension also departed somewhat from Twitter’s ordinary disciplinary process, which typically involves a 7-day suspension prior to permanent suspension, except in extreme circumstances.

11. I appealed the suspension on March 8, 2022.

12. I received only a perfunctory reply stating that my account was “permanently suspended due to multiple or repeat violations of the Twitter rules,” the “account will not be restored,” and the “case will now be closed and replies will not be monitored.”

13. This action has harmed me personally and professionally. I discovered a gift that I had for writing and developed a network of thousands of intelligent people from all over the world with whom I had a close relationship discussing these and other issues. Now I have been silenced and cut off from all of them, with no viable way of getting that network back or promoting my work, seemingly for the sole crime of being too articulate in vocalizing my beliefs.

14. Because it is widely used by policymakers, academics, and journalists as a proxy for popular opinion, Twitter carries tremendous weight in democratic discourse surrounding policies that affect the entire citizenry of the United States. Regardless of motivation, this power to create a false consensus in political discourse by systematically silencing the most articulate voices on one side of any given debate, unbeknownst to 99% of Twitter users, is unprecedented in American history; it is a power that has historically only been held by authoritarian regimes. We are expected to believe that Twitter and the Surgeon General will use this unprecedented power only for good, based on nothing but their promise that they will do so. Historically, such promises have proven empty—and destructive—every single time.

15. In addition to Twitter, I regularly use the following technology platforms:
Facebook, Amazon, Reddit, Google, YouTube, Instagram, and LinkedIn.

16. I swear or affirm under penalty of perjury that the foregoing is true and correct.

Executed On: May 25, 2022



Michael Senger

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF LOUISIANA
MONROE DIVISION**

STATE OF MISSOURI *ex rel.* ERIC S.
SCHMITT, Attorney General, and

STATE OF LOUISIANA *ex rel.* JEFFREY
M. LANDRY, Attorney General,

Plaintiffs,

v.

JOSEPH R. BIDEN, JR., in his official
capacity as President of the United States, *et*
al.;

Defendants.

Case No. 3:22-cv-01213

DECLARATION OF DR. JAYANTA BHATTACHARYA

I, Dr. Jayanta Bhattacharya, declare as follows:

1. I am an adult of sound mind and make this statement voluntarily, based upon my knowledge, education, and experience.

2. I am a former Professor of Medicine and current Professor of Health Policy at Stanford University School of Medicine and a research associate at the National Bureau of Economic Research. I am also Director of Stanford's Center for Demography and Economics of Health and Aging. I hold an M.D. and Ph.D. from Stanford University. I have published 161 scholarly articles in peer-reviewed journals in the fields of medicine, economics, health policy, epidemiology, statistics, law, and public health, among others. My research has been cited in the peer-reviewed scientific literature more than 13,000 times.

3. I have dedicated my professional career to the analysis of health policy, including infectious disease epidemiology and policy, and the safety and efficacy of medical interventions.

I have studied extensively and commented publicly on the necessity and safety of vaccine requirements for those who have contracted and recovered from COVID-19 (individuals with “natural immunity”). I am intimately familiar with the emergent scientific and medical literature on this topic and pertinent government policy responses to the issue both in the United States and abroad.

4. I have served as an expert witness in many cases involving challenges to COVID-19 restrictions such as mask mandates and lockdowns, including as an expert on behalf of the Missouri Attorney General’s Office. My writings on COVID-19-related issues has appeared in both scientific journals (like the *Journal of the American Medical Association* and the *International Journal of Epidemiology*) and in the popular press around the world (including the *Wall Street Journal*, *Newsweek*, *the Telegraph*, *the Spectator*, and many other outlets). I have appeared as a invited guest on national and international news programs, including Fox News, BBC, CNN, NPR, Sky News, NewsMax, GB News, and other stations in the US, the UK, Australia, and elsewhere.

5. Because of my views on COVID-19 restrictions, I have been specifically targeted for censorship by federal government officials.

6. On October 4, 2020, I and two colleagues—Dr. Martin Kulldorff, a professor of medicine, biostatistician, and epidemiologist at Harvard University; and Dr. Sunetra Gupta, an epidemiologist with expertise in immunology, vaccine development, and mathematical modeling of infectious diseases at the University of Oxford—published online the “Great Barrington Declaration.”¹

7. The Great Barrington Declaration questioned the then-prevailing governmental policies of responding to COVID-19 with lockdowns, school shutdowns, and similar restrictions. It stated:

¹ Great Barrington Declaration, <https://gbdeclaration.org/>.

“As infectious disease epidemiologists and public health scientists we have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies, and recommend an approach we call Focused Protection.” *Id.*

8. The Declaration called for an end to economic lockdowns, school shutdowns, and similar restrictive policies on the ground that they disproportionately harm the young and economically disadvantaged while conferring limited benefits. The Declaration stated: “Current lockdown policies are producing devastating effects on short and long-term public health. The results (to name a few) include lower childhood vaccination rates, worsening cardiovascular disease outcomes, fewer cancer screenings and deteriorating mental health – leading to greater excess mortality in years to come, with the working class and younger members of society carrying the heaviest burden. Keeping students out of school is a grave injustice.” *Id.*

9. It asserted that “[k]eeping these measures in place until a vaccine is available will cause irreparable damage, with the underprivileged disproportionately harmed. ... We know that vulnerability to death from COVID-19 is more than a thousand-fold higher in the old and infirm than the young. Indeed, for children, COVID-19 is less dangerous than many other harms, including influenza.” *Id.*

10. The Declaration endorsed an alternative approach called “Focused Protection,” which called for strong measures to protect high-risk populations while allowing lower-risk individuals to return to normal life with reasonable precautions: “The most compassionate approach that balances the risks and benefits of reaching herd immunity, is to allow those who are at minimal risk of death to live their lives normally to build up immunity to the virus through natural infection, while better protecting those who are at highest risk. We call this Focused Protection.” *Id.*

11. The Declaration stated, “Those who are not vulnerable should immediately be allowed to resume life as normal. Simple hygiene measures, such as hand washing and staying home when sick should be practiced by everyone to reduce the herd immunity threshold. Schools and universities should be open for in-person teaching. Extracurricular activities, such as sports, should be resumed. Young low-risk adults should work normally, rather than from home. Restaurants and other businesses should open. Arts, music, sport and other cultural activities should resume. People who are more at risk may participate if they wish, while society as a whole enjoys the protection conferred upon the vulnerable by those who have built up herd immunity.”
Id.

12. At the time of its publication on October 4, 2020, the Great Barrington Declaration was co-signed by 43 medical and public health scientists and medical practitioners. Since its publication, the online version of the Declaration has been co-signed by 930,528 people, including 15,883 medical and public health scientists, 47,037 medical practitioners, and 867,612 concerned citizens, as of the morning of June 4, 2022.

13. The Great Barrington Declaration received an immediate backlash from senior government officials who were the architects of the lockdown policies, such as Dr. Anthony Fauci; World Health Organization Director-General Tedros Adhanom Ghebreyesus; and the United Kingdom’s health secretary, Matt Hancock.

14. Because it contradicted the government’s preferred response to COVID-19, the Great Barrington Declaration was immediately targeted for suppression by federal officials. On October 8, 2020, four days after the Declaration’s publication, then-Director of NIH, Dr. Francis Collins, emailed Dr. Anthony Fauci and Cliff Lane at NIH/NIAID about the Great Barrington Declaration. This email stated: “Hi Tony and Cliff, See: <https://gbdeclaration.org/>. This proposal from the three

fringe epidemiologists who met with the Secretary seems to be getting a lot of attention – and even a co-signature from Nobel Prize winner Mike Leavitt at Stanford. There needs to be a quick and devastating published take down of its premises. I don't see anything like that online yet – is it underway? Francis.” This email was produced over a year later in response to FOIA requests.²

15. To my knowledge, no “quick and devastating *published* take down” of the Declaration’s “premises” ever appeared—at least, none by any qualified scientist. (Dr. Fauci, instead, would refer to a criticism published by a journalist at Wired magazine.) Instead, what followed was a relentless *covert* campaign of social-media censorship of our dissenting view from the government’s preferred message.

16. After the publication of the Great Barrington Declaration, I and my colleagues, Dr. Kulldorff and Dr. Gupta, and our views, were repeatedly censored on social media. Soon after we published the Declaration, Google deboosted search results for the Declaration, pointing users to media hit pieces critical of it, and placing the link to the actual Declaration lower on this list of results.³ A prominent online discussion site, Reddit, removed links to the Declaration from COVID-19 policy discussion fora.⁴ In February 2021, Facebook removed the Great Barrington Declaration page without explanation before restoring it a week later.⁵

17. On March 18, 2021, Dr. Scott Atlas of Stanford University, Dr. Kulldorff, Dr. Gupta, and I participated in a two-hour roundtable discussion with Governor Ron DeSantis of Florida. During

² Wall Street Journal Editorial Board. (2021) “How Fauci and Collins Shut Down Covid Debate” *Wall Street Journal*. Dec. 21, 2021. <https://www.wsj.com/articles/fauci-collins-emails-great-barrington-declaration-covid-pandemic-lockdown-11640129116>

³ Fraser Myers (2020) “Why Has Google Censored the Great Barrington Declaration?” *Spiked Online*. October 12, 2020. <https://www.spiked-online.com/2020/10/12/why-has-google-censored-the-great-barrington-declaration/>

⁴ Ethan Yang (2020) “Reddit’s Censorship of The Great Barrington Declaration” *American Institute for Economic Policy Research*. Oct. 8, 2020. <https://www.aier.org/article/reddits-censorship-of-the-great-barrington-declaration/>

⁵ Daniel Payne (2021) “Facebook removes page of international disease experts critical of COVID lockdowns” *Just the News*. February 5, 2021. https://justthenews.com/nation/technology/facebook-removes-page-international-disease-experts-who-have-been-critical-covid?utm_source=breaking-newsletter&utm_medium=email&utm_campaign=newsletter

the discussion, the participants (including me) questioned the efficacy and appropriateness of requiring children to wear face masks, including in school. For example, Dr. Kulldorff stated, “children should not wear face masks, no. They don’t need it for their own protection and they don’t need it for protecting other people either.” I stated that requiring young children to wear face masks is “developmentally inappropriate and it just doesn’t help on the disease spread. I think it’s absolutely not the right thing to do.” Dr. Atlas stated, “There’s no scientific rationale or logic to have children wear masks in schools.” (These are all views that are strongly supported by scientific research, both before and since we made these comments.)

18. The video of the March 18, 2021 roundtable discussion was promptly censored on social media.⁶ YouTube removed the video, claiming that it “contradicts the consensus of local and global health authorities regarding the efficacy of masks to prevent the spread of COVID-19.” Notably, the efficacy of masks, especially cloth masks, has been widely questioned by scientists and public health authorities.

19. In the wake of the Great Barrington Declaration and Dr. Collins’ October 8, 2020 email to Dr. Fauci, my colleague Dr. Kulldorff also experienced extensive censorship on social media.

20. Dr. Kulldorff has publicly summarized the online and social-media censorship experienced by the Great Barrington Declaration and its co-authors after its publication. As he stated, “We got together and we wrote the Great Barrington Declaration—a one-page thing. We argued for better focused protection of older, high-risk people, at the same time, as we let children and young adults

⁶ Wall Street Journal Editorial Board. (2021) “YouTube’s Assault on Covid Accountability” *Wall Street Journal*. April 8, 2021. <https://www.wsj.com/articles/youtubes-assault-on-covid-accountability-11617921149>

live near normal lives so as to minimize the collateral public health damage from these lockdowns and other measures.”⁷

21. As Dr. Kulldorff recounted, after its publication, “there was sort of an organized campaign against the Great Barrington Declaration with various sort of strange accusations, that it was let-it-rip, which is the opposite. We thought that we were like exorcism, eugenics, clowns, anti-vaxxers, that we did financial gains, even though the opposite is true. We were accused of threatening others, which none of us have done, Trumpian, libertarian and Koch funded, pseudo scientists, and that we received a free lunch when we were at Great Barrington writing this declaration.” *Id.*

22. In particular, the Great Barrington Declaration was censored online. This included suppression in searches by Google, the parent company of YouTube: “when the Great Barrington Declaration came up, at the very beginning, it comes up at the top in the search engine in Google, but then suddenly it wasn’t there. Instead, what was there was those who criticized it. Other search engines had it at the top, but not Google....” *Id.*

23. The Great Barrington Declaration was also censored on social media. As Dr. Kulldorff reported, “There were some issues with ... Twitter, Facebook, YouTube, and LinkedIn.” *Id.*

24. Among other things, the Declaration was censored on Facebook based on a flimsy rationale: “Facebook, they took down the Great Barrington Declaration page for a week, no explanation. The offending post was that we argued that, with the vaccines, which at that time had just come out, we should prioritize giving it to the older, high-risk people. That’s what caused Facebook to close it down.” *Id.*

⁷ The Epoch Times (2021), “Censorship of Science, with Dr. Martin Kulldorff, Dr. Scott Atlas, and Dr. Jay Bhattacharya,” May 2, 2021. https://www.theepochtimes.com/live-censorship-of-science-with-dr-martin-kulldorff-dr-scott-atlas-and-dr-jay-bhattacharya_4343061.html.

25. The co-authors of the Great Barrington Declaration also experienced personal social-media censorship. Dr. Kulldorff recounts several examples, including an instance where Twitter censored his tweet stating that “Thinking that everyone must be vaccinated is as scientifically flawed as thinking that nobody should. COVID vaccines are important for older, higher risk people and their caretakers, not those with prior natural infection or for children.” *Id.* He also recounts being locked out of Twitter for three weeks “because I tweeted about masks, saying that, ‘By claiming that masks are a good protection, some older people will sort of believe that, and they will go and do things and get infected, thinking that it protects the way it doesn’t. That’s not so good. So, they might die because of this misinformation about the masks.’... For three weeks, I had no access to Twitter because of this tweet.” *Id.*

26. Twitter also censored Dr. Kulldorff’s speech arguing that healthcare facilities should emphasize hiring workers with natural immunity instead of firing them, because they have the best protection from COVID-19: “Here, another one... [N]ot even I was allowed to read this tweet, they removed it completely. I was arguing that since the people who have recovered from COVID, they’re the ones who have the best immunity, better than those who are vaccinated. So, they are the ones who are least likely to spread it to others. So, hospitals should hire nurses like that or doctors like that and use them for the most frail, oldest patients at the geriatric ward or the ICUs because they’re least likely to infect these patients.” *Id.*

27. Dr. Kulldorff also recounted YouTube’s censorship of our roundtable with Governor DeSantis: “On YouTube, we did a round table in April with Governor Ron DeSantis in Florida. It was me and Dr. Scott Atlas, Dr. Jay Bhattacharya, and Dr. Sunetra Gupta. And we talked, for example, about the fact that children don’t need to have masks. And we argued against vaccine passport; there was some rumbling starting about vaccine passport. So, then, we sort of thought,

‘Let’s try to argue against that from the very beginning before it sort of takes off.’ So, that was removed by YouTube, which is owned by Google.” *Id.*

28. Dr. Kulldorff also experienced censorship on LinkedIn, which is a common vehicle for speech among professionals. As he stated, “LinkedIn, which is owned by Microsoft, they also censor. So, this was an article... It was an interview I did with The Epoch Times on the dangers of vaccine mandates.... [LinkedIn said], ‘Only you can see this post.’ So, I could still read my post, but nobody else could.” *Id.* He also recounted “another one. I actually didn’t write anything. I just reposted a LinkedIn post by a guy from Iceland and what he did, he just cited what the Icelandic chief epidemiologist had said, which is sort of the equivalent of the CDC director in the U.S. So, this is the official public health authority in Iceland, but that was censored.” *Id.*

29. LinkedIn also censored our public criticism of government officials, such as Dr. Fauci. As Dr. Kulldorff stated, “Together with Dr. Bhattacharya, we wrote a Newsweek article about how Fauci fooled America with the various things about public health, and LinkedIn took that away also.” *Id.*

30. As Dr. Kulldorff notes, LinkedIn eventually terminated his account for posting about the benefits of natural immunity: “Later on, LinkedIn actually closed down my account.... [T]his was the last post before suspension, ‘By firing staff with natural immunity after COVID recovery, hospitals got rid of those least likely to infect others.’” *Id.*

31. As Dr. Kulldorff noted in his public comments, social-media censorship has not focused solely on the co-authors of the Great Barrington Declaration, but has swept in many other scientists as well: “Twitter, LinkedIn, YouTube, Facebook, they have permanently suspended many accounts—including scientists.” *Id.* These censorship policies have driven scientists and others to self-censorship, as scientists like Dr. Kulldorff restrict what they say on social-media platforms to

avoid suspension and other penalties: “I have continued to speak up, but I have since self-censored myself. Because these are important channels of communication, so I don’t want to be removed. So, I’m careful with what I say.” *Id.* “[C]ensuring, it leads to self-censoring. And also, it leads to self-censoring of people ... are victims of these censoring because they see that somebody else is censored. ‘Okay. I don’t want to be suspended. So, I better be careful with what I say.’ And of course, that’s the purpose of authoritarians and the purpose of those things. And sometimes, where they sort of kind of randomly select who they censor, what they sensor, because they want people to be uncertain about what they can and cannot say.” *Id.*

32. Having observed and lived through the government-driven censorship of the Great Barrington Declaration and its co-authors, it is clear to me that these attacks were politically driven by government actors. As I stated, in remarks alongside those of Dr. Kulldorff, “One of the motivations for that was a motivation to create a consensus within the public that... an illusion of consensus within the public that there was no scientific dissent against lockdowns. The reason why the Great Barrington Declaration, they reacted that way... [W]e got this viral attention, [that] was a problem for this group [*i.e.*, Dr. Collins, Dr. Fauci, and other government officials]. It posed a political problem for them because they wanted to tell the public that there was no dissent. And so, they had to destroy us. They had to do a devastating takedown. It was a political problem they were solving... I think that’s the immediate context for why they did what they did.” *Id.*

33. Dr. Kulldorff aptly summarized our experiences: “it has been really stunning to be a scientist during these last two years. It’s kind of been absurd. We have NIH Director Collins and NIAID Director Fauci thinking that you promote science by silencing scientists through published takedowns. It’s pretty absurd. We have a geneticist and a virologist thinking they know

epidemiology better than epidemiologists at Oxford, Harvard and Stanford, and calling them instead fringe epidemiologists.” *Id.*

I swear or affirm under penalty of perjury that the foregoing is true and correct.

Dated: June 4, 2022

Signed: /s/ Jayanta Bhattacharya

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF LOUISIANA
MONROE DIVISION**

STATE OF MISSOURI *ex rel.* ERIC S.
SCHMITT, Attorney General, and

STATE OF LOUISIANA *ex rel.* JEFFREY
M. LANDRY, Attorney General,

Plaintiffs,

v.

JOSEPH R. BIDEN, JR., in his official
capacity as President of the United States, *et*
al.;

Defendants.

Case No. 3:22-cv-01213

DECLARATION OF DR. MARTIN KULLDORFF

I, Dr. Martin Kulldorff, declare as follows:

1. I am an adult of sound mind and make this statement voluntarily, based upon my knowledge, education, and experience.

2. I am an epidemiologist, a biostatistician and a former Professor of Medicine at Harvard University and Brigham and Women's Hospital, from 2015 to November 2021. Before that, I was Professor of Population Medicine at Harvard University from 2011 to 2015. I hold a Ph.D. from Cornell University. I have published over 200 scholarly articles in peer-reviewed journals in the fields of public health, epidemiology, biostatistics and medicine, among others. My research has been cited in the peer-reviewed scientific literature more than 25,000 times.

3. I have dedicated my professional career to the development and implementation of new disease surveillance systems, including the early detection and monitoring of disease outbreaks;

and the post-market evaluation of the safety and efficacy pharmaceutical drugs and vaccines, including the early detection of drug and vaccine adverse reactions.

4. I have served on multiple governmental scientific advisory boards, including the World Health Organization's Disease Mapping Advisory Group; the Scientific Advisory Board for the Accelerated Development of Vaccine Benefit-Risk Collaboration in Europe; the Food and Drug Administration's Drug Safety and Risk Management Advisory Committee; the New York State Department of Health Environmental Public Health Tracking Project; the New York City Department of Health and Hygiene's Advisory Board for Augmenting Statistical Methods for Public Health Syndromic Surveillance System; the National Cancer Institute's Best Practices in Spatial Analysis Working Group; the Centers for Disease Control and Prevention's (CDC) Vaccine Safety Datalink Project, the CDC's MMRV Vaccine Safety Working Group; and CDC's COVID-19 Vaccine Safety Technical Sub-Group; among others. In April 2021, I was abruptly removed from the latter after publishing an op-ed in The Hill against the CDC instituted pause on the one-dose Johnson & Johnson Covid vaccine, arguing that it should not be withheld from older high-risk Americans. As such, I am probably the only scientist that has been fired by CDC for being too pro-vaccine. (Four days after removing me from the working group, CDC reversed itself and lifted the pause.)

5. I have extensively studied and commented on the necessity and safety of vaccine requirements for different population groups with different benefit-risk profiles, including COVID-19 recovered individuals with natural immunity. I am intimately familiar with the data sources and the medical literature on this topic, as it pertains to both clinical practice and government health policy.

6. My writings on COVID-19-related issues have appeared in both scientific journals (like *Emerging Infectious Diseases*, *The Lancet* and *Annals of Epidemiology*) and in the popular press around the world (including the *Wall Street Journal*, *Newsweek*, *CNN*, *The Hill*, *the Telegraph*, *the Spectator*, *the Toronto Sun*, *Aftonbladet*, *Dagens Nyheter*, and many other). I have appeared as an invited guest on national and international news and debate programs in the United States, the United Kingdom, Ireland, Sweden, Germany, France, Spain, India, Mexico, Chile, Argentina and Uruguay, among other countries, including Fox News, Democracy Now, Munk Debates, NewsMax, GB News, Hindustan Times and Infobae.

7. As part of my professional work, I communicate scientific information not only through scientific journals, but also through social media. I have maintained a Twitter account since May 2014, and a LinkedIn account for approximately the same amount of time. I currently have 250,800 followers on Twitter and 13,400 contacts and followers on LinkedIn. Some of these followers reside in Missouri and Louisiana.

8. As a public health scientist, I have experienced censorship on social media platforms due to my views on the appropriate strategy for handling the COVID-19 pandemic. Since April 2020, I have argued for better focused protection of older, high-risk people, at the same time, as we should let children go to school and let young adults live near normal lives so as to minimize the collateral public health damage from these lockdowns and other measures.¹

9. On October 4, 2020, two other epidemiologists and I published the “Great Barrington Declaration” online.² My co-authors were Dr. Jayanta Bhattacharya of Stanford University, and Dr. Sunetra Gupta of the University of Oxford.

¹ The Epoch Times (2021), “Censorship of Science, with Dr. Martin Kulldorff, Dr. Scott Atlas, and Dr. Jay Bhattacharya,” May 2, 2021. https://www.theepochtimes.com/live-censorship-of-science-with-dr-martin-kulldorff-dr-scott-atlas-and-dr-jay-bhattacharya_4343061.html.

² Great Barrington Declaration, <https://gbdeclaration.org/>.

10. In the Great Barrington Declaration, we stated: “As infectious disease epidemiologists and public health scientists we have grave concerns about the damaging physical and mental health impacts of the prevailing COVID-19 policies, and recommend an approach we call Focused Protection.” *Id.* The Declaration criticized current lockdown policies to respond to COVID-19, stating: “Current lockdown policies are producing devastating effects on short and long-term public health. The results (to name a few) include lower childhood vaccination rates, worsening cardiovascular disease outcomes, fewer cancer screenings and deteriorating mental health – leading to greater excess mortality in years to come, with the working class and younger members of society carrying the heaviest burden. Keeping students out of school is a grave injustice.” *Id.*

11. The Great Barrington Declaration was publicly co-signed by 43 medical and public health scientists and practitioners, including a former chair of the Department of Epidemiology at Harvard School of Public Health. It has subsequently been co-signed by over 930,000 people, including over 15,000 medical and public-health scientists, and over 47,000 medical practitioners.

12. On October 8, 2020, four days after the Declaration’s publication online, then-Director of National Institutes of Health, Dr. Francis Collins, emailed Dr. Anthony Fauci and Cliff Lane at NIH/NIAID about the Great Barrington Declaration. This email stated: “Hi Tony and Cliff, See: <https://gbdeclaration.org/>. This proposal from the three fringe epidemiologists who met with the Secretary seems to be getting a lot of attention – and even a co-signature from Nobel Prize winner Mike Leavitt at Stanford. There needs to be a quick and devastating published take down of its premises. I don’t see anything like that online yet – is it underway? Francis.” This email was produced over a year later in response to FOIA requests.³

³ Wall Street Journal Editorial Board. (2021) “How Fauci and Collins Shut Down Covid Debate” *Wall Street Journal*. Dec. 21, 2021. <https://www.wsj.com/articles/fauci-collins-emails-great-barrington-declaration-covid-pandemic-lockdown-11640129116>

13. In a recent speech I gave on May 2, 2022, I summarized many of the instances of social-media censorship that I experienced after publishing the Great Barrington Declaration.⁴

14. After the Great Barrington Declaration was published, I noted that there was an organized campaign against the Great Barrington Declaration with various sorts of strange accusations. By other scientists, we were equated with ‘exorcism’, ‘eugenics’, ‘clowns’, ‘anti-vaxxers’, ‘Trumpian’, ‘libertarian’, ‘Koch funded’ and ‘pseudo scientists’. We were accused of writing the Declaration for financial gains, even though the opposite is true. We were accused of threatening others, which none of us have done.

15. Soon after the Great Barrington Declaration was published, it was censored on social media in an apparent attempt to prevent it from (in Dr. Collins’ words) “getting a lot of attention.” This included Google deboosting search results for the Declaration within a few days of Dr. Collins’ email to Dr. Fauci. In the first few days after its publication, the Great Barrington Declaration came up at the top in the search engine in Google, but then suddenly it wasn’t there. Instead, what was there was those who criticized it. Other search engines still had it at the top, but not Google.

16. The Declaration was later censored on Facebook: They took down the Great Barrington Declaration page for about a week, with no explanation. The offending post was a pro-vaccine post arguing that we should prioritize giving the vaccines to older, high-risk people.

17. I also experienced extensive censorship on social media on my personal accounts. For example, in March 2021 Twitter censored my tweet stating that “Thinking that everyone must be vaccinated is as scientifically flawed as thinking that nobody should. COVID vaccines are

⁴ The Epoch Times (2021), “Censorship of Science, with Dr. Martin Kulldorff, Dr. Scott Atlas, and Dr. Jay Bhattacharya,” May 2, 2021. https://www.theepochtimes.com/live-censorship-of-science-with-dr-martin-kulldorff-dr-scott-atlas-and-dr-jay-bhattacharya_4343061.html.

important for older, higher risk people and their caretakers. Those with prior natural infection do not need it. Nor children.”

18. I was also censored by Twitter for two tweets about masks. In one I wrote that, “Naïvely fooled to think that masks would protect them, some older high-risk people did not socially distance properly, and some died from #COVID19 because of it. Tragic. Public health officials/scientists must always be honest with the public.” For three weeks starting in May 2021, I had no access to Twitter because of this tweet.

19. On November 5, 2021, I posted a direct quote from Dr. Roberto Strongman, an Associate Professor of Black Studies at the University of California-Santa Barbara. In a recent essay, he had reflected on the historical use of enforced mask use among enslaved populations. My tweet simply quoted his words that: “Masks are symbols of submission / Masks are the lurid fetish of power / Masks lead to the erasure of personhood / Masks promote a culture of fear / Masks are deterrents of solidarity,” in quotation marks with an attribution to Dr. Strongman. Twitter censored this tweet by labeling it “Misleading” and preventing it from being replied to, shared, or liked.

20. Twitter is an important venue for communicating accurate public health information to the public. Because of the censoring, and the suspension of other scientists, I have had to self-censor myself on the platform. Sometimes by not posting at all and sometimes through imaginative phrasing. Here is one example of such a tweet: “Having been censored by Twitter, I must be careful what I write about masks: If you do surgery, please wear a surgical mask. It protects your patients.”

21. On March 18, 2021, I participated in a two-hour roundtable discussion with Governor Ron DeSantis in Florida, along with Dr. Sunetra Gupta at Oxford, Dr. Jay Bhattacharya at Stanford and Dr. Scott Atlas at Stanford. In this discussion, we made remarks critical of COVID-19 restrictions, including mask mandates on children. I stated that “children should not wear face masks, no. They

don't need it for their own protection, and they don't need it for protecting other people either.” Dr. Bhattacharya stated that “children develop by watching other people” and that it is “developmentally inappropriate” to require young children to wear face masks. Dr. Atlas pointed out that “there's no scientific rationale or logic to have children wear masks in schools.” Dr. Gupta stated that “to force [children] to wear masks and distance socially, all of that to me is in direct violation of our social contract.” In the same roundtable, we also argued against vaccine passports. ‘Let's try to argue against that from the very beginning before it sort of takes off.’ Unfortunately, the video of the roundtable was removed by YouTube, which is owned by Google.

22. I have also experienced censorship on LinkedIn, which is a popular communications platform among scientists and other professionals. In August 2021, LinkedIn censored a post where I linked to an interview I did with The Epoch Times on the dangers of vaccine mandate. LinkedIn said that ‘Only you can see this post.’ So, I could still read my own post, but nobody else could, which defeats the whole purpose.

23. The same week, LinkedIn also censored me when I reposted a LinkedIn post by a colleague from Iceland where he cited what the Icelandic chief epidemiologist had said. I did not add any text to the repost, so in this case LinkedIn censored the words of a government public health official: Iceland's equivalent of the CDC director in the U.S.

24. In October 2021, LinkedIn censored a post where I defended health care jobs, pointing out that natural immunity from covid infection is stronger than vaccine induced immunity, so that hospitals should hire rather than fire nurses and other health care providers with natural immunity, and use them for the patients that are the most vulnerable to Covid-19.

25. In November 2021 I wrote a Newsweek op-ed together with Dr. Jay Bhattacharya where we criticized the official Covid-19 response as formulated by Dr. Anthony Fauci. When I posted a

quote from and a link to the Newsweek article, it was removed by LinkedIn, which is owned by Microsoft. Ironically, Microsoft News (msn.org) republished the same Newsweek op-ed verbatim.

26. In January 2022, LinkedIn terminated my account for posting about the benefits of natural immunity. My last post before suspension was: “By firing staff with natural immunity after COVID recovery, hospitals got rid of those least likely to infect others.” LinkedIn restored my account after my termination received media attention, but I now have to be very careful with what I write.

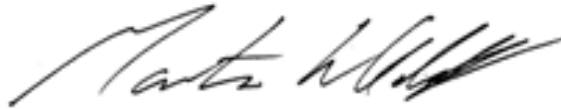
27. Twitter and LinkedIn are important venues for communicating accurate public health information to other scientists and to the public. Because of the censoring, and the suspension of other scientists, I have had to self-censor myself on both platforms. Sometimes by not posting important public health information. At other times, I have had to express my thoughts indirectly through imaginative phrasing. For example, on March 15, 2022, I tweeted: “Having been censored by Twitter, I must be careful what I write about masks: If you do surgery, please wear a surgical mask. It protects your patients.” This, obviously, was a very indirect and oblique way of communicating the limited utility of wearing masks and expressing my criticism of mask mandates, including the widespread use of cloth masks.

28. Social-media censorship has not focused solely on the co-authors of the Great Barrington Declaration but has swept in many other scientists as well. These censorship policies have driven scientists and others to self-censor, as scientists like me restrict what we say on social-media platforms to avoid suspension and other penalties. In fact, the most devastating consequence of censoring is not the actual posts or accounts that are censored or suspended, but the reluctance of scientists to openly express and debate scientific questions using their varied scientific expertise. Without scientific debate, science cannot survive.

29. It can sometimes appear random who are being censored, but that serves the purpose of the censors. They cannot monitor every post from every user. By censoring a variety of individuals, some scientists and some non-scientists, some journalists, some private individuals, some anonymous accounts, some after warnings and others suddenly without a warning and some account with many followers and other accounts with few followers, the censors are able to make everyone scared and make everyone self-censor.

30. It has been stunning to be a scientist during these last two years. We have NIH Director Collins and NIAID Director Fauci thinking that you promote science by silencing scientists through published takedowns. It is absurd. We have a geneticist and a virologist thinking they know epidemiology better than epidemiologists at Oxford, Harvard and Stanford, calling us “fringe epidemiologists.”

I swear or affirm under penalty of perjury that the foregoing is true and correct.

A handwritten signature in black ink, appearing to read "Martin Kulldorff". The signature is fluid and cursive, with a prominent initial "M" and a long, sweeping underline.

Dated: June 8, 2022

Signed: /s/ Martin Kulldorff

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF LOUISIANA
MONROE DIVISION**

STATE OF MISSOURI *ex rel.* ERIC S.
SCHMITT, Attorney General, and

STATE OF LOUISIANA *ex rel.* JEFFREY
M. LANDRY, Attorney General,

Plaintiffs,

v.

JOSEPH R. BIDEN, JR., in his official
capacity as President of the United States, *et*
al.;

Defendants.

Case No. 3:22-cv-01213

DECLARATION OF JIM HOFT

1. My name is Jim Hoft. I am over the age of 18 years and competent to testify about the matters discussed herein.

2. I am the founder, owner, and operator of the popular news website The Gateway Pundit (“GP”), gatewaypundit.com. I reside in St. Louis, Missouri, and operate the website from there. The “Gateway” refers to St. Louis’s Gateway Arch. Since its founding in 2004, the Gateway Pundit has grown from a one-man blog to one of the internet’s largest destinations for conservative news and commentary. In 2021, The Gateway Pundit was ranked fourth on a list of top ten conservative news websites, ranked by monthly web searches, with over 2 million searches per month.

3. In connection with The Gateway Pundit, I maintain and operate The Gateway Pundit’s social-media accounts, including accounts with Twitter (which has been permanently suspended), Facebook, YouTube, and Instagram. These accounts have or had hundreds of thousands of

followers. In particular, GP's Twitter account had over 400,000 followers before it was suspended. GP's Facebook account has over 650,000 followers. GP's Instagram account has over 205,000 followers. GP's YouTube account has over 98,000 followers. Because I am based in Missouri, I know that many of these followers include many residents of Missouri. Based on the large numbers of followers and the nationwide prominence of GP, I am certain that they include large numbers of residents of Louisiana as well.

4. GP's social media accounts have experienced censorship on all major social-media platforms, including its speech regarding COVID-19 issues and election security. In many instances, we have noticed that this censorship has followed and reflected the calls for censorship from federal government officials, including in the Biden Administration.

5. For example, the current Administration has repeatedly called for censorship of social-media speech regarding election integrity and so-called "COVID-19 misinformation." GP has experienced significant social-media censorship regarding its speech on both of those issues, including on Twitter, Facebook, and YouTube.

6. **Twitter.** On or about January 2, 2021, Twitter suspended GP's Twitter account (@gatewaypundit) after it posted a tweet that stated, "Then It's Not a Vaccine: Crazy Dr. Fauci Says Early COVID Vaccines Will Only Prevent Symptoms and NOT Block the Infection ... What? Via @gatewaypundit."¹

7. On or about January 29, 2021, Twitter suspended GP's Twitter account again after it posted a tweet that stated, "Five Days After Biden Inauguration, Judge Rules Late Changes To VA

¹ Discussed more fully at Jim Hoft, "Gateway Pundit Suspended on Twitter for 12 Hours for Posting on Dr. Fauci's Crazy Statement on Vaccines." Gateway Pundit, (January 2, 2021) (<https://www.thegatewaypundit.com/2021/01/gateway-pundit-suspended-twitter-12-hours-posting-dr-faucis-crazy-statement-vaccines/>) (last accessed May 31, 2022)

Election Law That Allowed Late Mail-In Ballots Without Postmark To Be Counted is ILLEGAL @100percFEDUP via @gatewaypundit.”²

8. On or around February 6, 2021, GP’s Twitter account was permanently banned after it posted video footage from security cameras in the TCF Center in Detroit from Election Night 2020 that showed two deliveries of vans driving to the building around 3:30 am in the morning bringing shipments of first more than 50 boxes, and then, roughly one hour later, more boxes of ballots.³ In connection with this video, GP tweeted “Just an FYI – The fake news media and others challenged our TCF Center video report from Friday. That was a bad move. We have much more coming!” Promptly after this tweet, GP’s Twitter account was permanently suspended, preventing us from tweeting the additional content to our 400,000+ followers.

9. On or about August 29, 2020, my brother, Joe Hoft, who blogs for GP, tweeted (@joehoft) a series of posts indicating that COVID-19 deaths are over-counted because the counts include deaths of people who died *with* COVID-19, not just those who died *because of* COVID-19. Dr. Fauci, among others, has subsequently acknowledged the truth of this assertion. These tweets went viral and were heavily re-tweeted, including by President Trump. By my recollection, as a result of these tweets, Twitter partially censored @joehoft by posting public advisories within his tweet, “warning” the public that the tweet was misinformation.

² Discussed more fully at Jim Hoft, “Twitter Suspends Gateway Pundit for Posting Virginia Court Ruling on Virginia Mail-in Ballots – Claims the Court Ruling Incites Violence!” Gateway Pundit (January 29, 2021) (<https://www.thegatewaypundit.com/2021/01/twitter-suspends-gateway-pundit-account-posting-virginia-court-ruling-virginia-mail-ballots-claims-court-ruling-incites-violence/>) (last accessed May 31, 2022).

³ See Jim Hoft, “Breaking: Twitter Indefinitely Suspends Gateway Pundit Account After We Announce More Video of TCF Center Fraud Will Be Released in Coming Days.” Gateway Pundit (February 6, 2021) (<https://www.thegatewaypundit.com/2021/02/gateway-pundit-suspended-twitter-announcing-video-tcf-center-fraud-will-released-coming-days/>) (last accessed May 31, 2022), see also Jim Hoft, “Exclusive: The TCF Center Election Fraud – Newly Discovered Video Shows Late Night Deliveries of Tens of Thousands of Illegal Ballots 8 Hours After Deadline.” Gateway Pundit (February 5, 2021) (<https://www.thegatewaypundit.com/2021/02/exclusive-tcf-center-election-fraud-newly-recovered-video-shows-late-night-deliveries-tens-thousands-illegal-ballots-michigan-arena/>) (last accessed May 31, 2022).

10. On or about December 31, 2020, my brother, Joe Hoft, who blogs for GP, tweeted (@joeoft) tweeted content related to Hunter Biden’s laptop, stating “Where’s Hunter? How is Hunter Biden Celebrating the New Year? New Photos of Hunter Biden Pushing Drugs on Women Emerge via @gatewaypundit [link⁴]” Twitter suspended the account on the ground that he “Violat[ed] our rules against posting or sharing privately produced/ distributed intimate media of someone without their express consent.”⁵

11. **Facebook.** During 2020 and 2021, we experienced repeated instances of censorship by Facebook, including our content related to COVID-19 and election security. Facebook frequently imposed warning labels and other restrictions on our content, particularly content related to election integrity and COVID-19. Facebook’s censorship was so aggressive that I was forced to hire an assistant to monitor and address censorship on Facebook.

12. Specific examples of such censorship by Facebook include the following articles:

- a. Joe Hoft, “Shock Report: This Week CDC Quietly Updated COVID-19 Numbers – Only 9,210 Americans Died From COVID-19 Alone – Rest Had Different Other Serious Illnesses.” https://www.thegatewaypundit.com/2020/08/shock-report-week-cdc-quietly-updated-covid-19-numbers-9210-americans-died-covid-19-alone-rest-serious-illnesses/?utm_source=Twitter&utm_medium=PostTopSharingB (published Aug. 29, 2020) (last accessed May 31, 2022).

⁴ Joe Hoft, “Where’s Hunter? How is Hunter Biden Celebrating the New Year? New Photos Emerge of Hunter Biden Pushing Drugs on Women.” Gateway Pundit (December 31, 2020) (<https://www.thegatewaypundit.com/2020/12/hunter-hunter-biden-celebrating-new-year-new-photos-hunter-biden-pushing-drugs-women-emerge/>) (last accessed May 31, 2022).

⁵ Discussed more fully at Joe Hoft, “Twitter Suspends TGP’s Joe Hoft After Sharing FACTUAL REPORT on Hunter Biden’s Serial Sex and Crack Escapades.” Gateway Pundit (January 4, 2021) (<https://www.thegatewaypundit.com/2021/01/twitter-suspends-tgps-joe-hoft-sharing-factual-report-hunter-bidens-serial-sex-crack-escapades/>) (last accessed May 31, 2022).

- b. Joe Hoft, “This is Fraud: 10% of Reported COVID-19 Deaths for Those Under 35 as Reported by the CDC Are Due to Poisoning, Trauma and Unintentional Injuries.” <https://www.thegatewaypundit.com/2020/09/fraud-10-reported-covid-19-deaths-35-reported-cdc-due-poisoning-trauma-unintentional-injuries/> (published Sept. 3, 2020) (last accessed May 31, 2022)
- c. See also **Exhibits 1-6**.

13. While Facebook sometimes bans our content altogether, they also rely upon a cadre of “third party” “fact check” entities hired by Facebook to declare our articles mis or disinformation. Facebook then relies upon this content to issue advisories to the public that our content is false and dangerous, and that it comes from a disreputable website. Facebook also encourages (or otherwise outright prohibits) the public from sharing our content with their social networks.

14. **YouTube.** We have also experienced censorship on other platforms. For example, on or about May 14, 2022, we received a strike on YouTube, and YouTube removed a video we had posted. The video in question was an interview with Idaho Lieutenant Governor and gubernatorial candidate Janice McGeachin, which we conducted in connection with the Idaho primary election for Governor. In the video, Lt. Gov. McGeachin discussed the problem of election fraud and raised questions about the outcome of the 2020 Presidential election, including money Idaho illegally received from Mark Zuckerberg and other problems relating to voter fraud. YouTube promptly removed the video and issued a strike against our account.

15. The social-media platforms have extended their censorship policies to our followers as well. We have received numerous reports from followers that they have received temporary suspensions or other adverse actions from social-media platforms (such as seven-day suspensions

of their Facebook accounts) for re-posting or amplifying our content. This chills our followers from re-posting, re-tweeting, or otherwise amplifying our content. The risk of being locked out of Facebook for seven days, or suffering other forms of censorship, deters our followers from amplifying our content on social media platforms, which reduces the reach of our message.

16. These social-media censorship policies chill GP's freedom of expression on social media platforms as well. To avoid suspension and other forms of censorship, we frequently avoid posting content that we would otherwise post on social-media platforms, and we frequently alter content to make it less likely to trigger censorship policies.

17. Based on my close observation of the patterns of censorship of GP's social-media accounts and related accounts in recent years, I have strong reason to infer that federal government officials are directly involved in the censorship of our speech and content.

18. For example, it is clear that Democratic public officials and the Biden Administration coordinate with the Center for Countering Digital Hate (CCDH), a left-wing 501(c)(3) group dedicated to censorship of free speech on the internet. In the summer of 2021, White House press secretary Jen Psaki successfully called for the censorship on social-media platforms of the so-called "disinformation dozen," whom the White House accused of spreading COVID-related "disinformation" on social media. Psaki received this information from CCDH, which had previously identified the so-called "disinformation dozen" and called for their expulsion from social media.

19. In the same time frame, CCDH targeted The Gateway Pundit in coordination with federal officials. CCDH pushed for The Gateway Pundit's demonetization by Google, accusing GP of spreading "misinformation" about COVID-19 and election security—the same topics targeted by the Biden Administration. CCDH coordinated with Democratic Senator Amy Klobuchar to

pressure for this demonetization, boasting on its website that she had personally written to Google CEO Sundar Pichai about demonetizing GP, and it is likely that CCDH engaged in similar coordination with the Biden Administration once it was in office. This pressure campaign by federal official(s) and CCDH was successful. In September 2021—the same time frame that CCDH worked with federal officials to expel the “disinformation dozen” from social media—CCDH sent an email to its supporters boasting that it had succeeded in demonetizing GP on Google. CCDH accused GP of “promoting dangerous nonsense about the 2020 US Presidential election and Covid 19,” *i.e.*, parroting the same calls for censorship on the same topics pushed by federal elected officials and senior officials in the Biden Administration.

20. Additionally, the Department of Homeland Security has specifically identified social media disinformation questioning the mainstream narrative regarding COVID-19 vaccination and the integrity of the 2020 general election as domestic terrorism and threats to national security.⁶ DHS famously created, then temporarily paused the creation of a governmental “Disinformation Governance Board.” DHS then hired former DHS Secretary Michael Chertoff (whose non-profit, Alliance for Securing Democracy lists The Gateway Pundit as Russian disinformation⁷) to reboot and rehabilitate the Board.

I swear or affirm under penalty of perjury that the foregoing is true and correct.

Dated: 6/6/2022

Signed: /s/ Jim Hoft

⁶ See **Exhibit 7** - National Terrorism Advisory System Bulletin; Department of Homeland Security (Feb. 7, 2022) (https://www.dhs.gov/sites/default/files/ntas/alerts/22_0207_ntas-bulletin.pdf) (last accessed May 31, 2022).

⁷ See Jim Hoft, “MORE LIES: Left-Wing Smear Machine Lists Gateway Pundit as Top Russian Propaganda Website.” Gateway Pundit (August 6, 2017) (<https://www.thegatewaypundit.com/2017/08/liesleft-wing-smear-machine-lists-gateway-pundit-top-russia-propaganda-website/>) (last accessed May 31, 2022).

EXHIBIT 1



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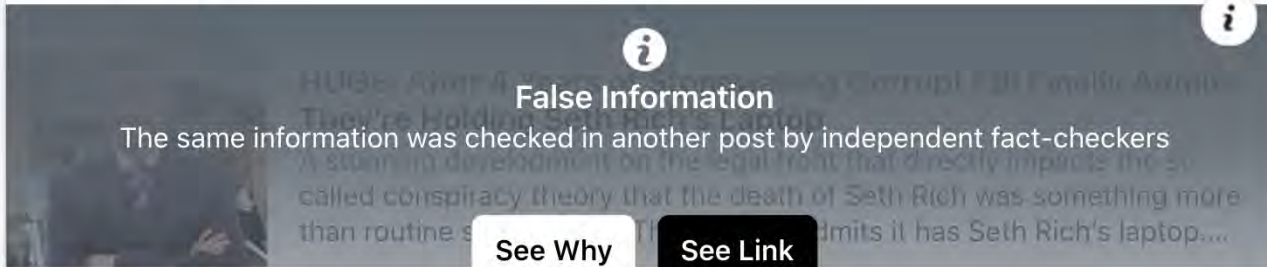
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Post from November 24 – See reporting from Lead Stories

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GP Gateway Pundit
News & Media Website

The Gateway Pundit is an American far-right news and opinion website. The website is known for publishing falsehoods, hoaxes, and conspiracy theories.

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Fact Check

Fact Check: NO Evidence Of 23,000 'Fraudulent' Ballots For Biden Identified In Georgia

Dec 8, 2020 by: Dana Ford

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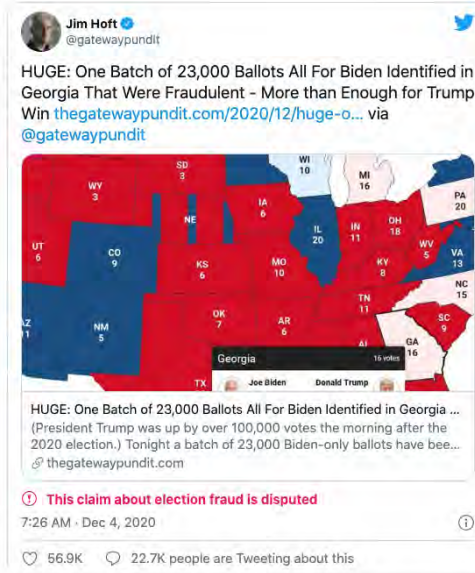


Were 23,000 "fraudulent" ballots for Joe Biden identified in Georgia? No, there's no evidence that's true. An article making that claim cites as its source a video on YouTube, which relies on unofficial results reported in real time. State election officials have repeatedly defended the integrity of the vote. "We have now counted legally cast ballots three times, and the results remain unchanged," said [Georgia Secretary of State Brad Raffensperger](#).

The claim appeared in [an article](#) (archived [here](#)) published by The Gateway Pundit on December 4, 2020. It opened:

"Tonight a batch of 23,000 Biden-only ballots have been identified and determined to be fraudulent - removing these fraudulent ballots will give Georgia to President Trump.

Users on social media saw this:



The article continued:

"A video has surfaced showing a batch of 23,000 ballots all for Biden that were reported in Georgia - a state where the media says Biden is leading by 10,000 votes.

That video can be seen here:



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Dec 4, 2020 by: Victoria Eavis



Fact Check: Indiana Woman Was NOT Charged With Delivering Fraudulent Ballots
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Dec 9, 2020 by: Dana Ford



Fact Check: Georgia State Senator Elena Parent Was NOT Busted Counting Ballots In Pennsylvania
Dec 9, 2020 by: Dana Ford



Although the article made a number of allegations, this fact-check is limited to the specific claim about the 23,000 "fraudulent" Biden ballots. The article's source for that claim is the above-mentioned video.

What's important to note about that video is that it relies on unofficial election data reported in real time on The New York Times website. They're not official results.

Here's how the [Cybersecurity and Infrastructure Security Agency](#) explains the difference between official and unofficial results:

” Election results reported on election night are always unofficial and are provided solely for voters' convenience. In fact, no state requires that official results be certified on election night itself. Fluctuations in unofficial results reporting will occur during and after election night as more ballots are processed and counted, often including military and overseas ballots, and validated provisional ballots. Variations in state processes may also mean ballots cast through different methods (e.g., early in-person voting, mail-in voting, and election day voting) are counted and unofficially reported in different orders. Official results are released after rigorous canvassing (verification) and certification by local and state election officials.

In other words, unofficial election results may contain irregularities or errors that are later explained or corrected. In Antrim County, Michigan, for example, a clerk did not update software, which led to the [erroneous reporting of unofficial results](#). The mistake did not impact vote totals.

Lead Stories has written about election data scraped from The New York Times website before. Read that story [here](#).

We reached out to the office of Georgia's secretary of state to ask about the 23,000 claim of "fraudulent" votes and will update this story, as necessary, if we receive a response.

On December 7, 2020, Raffensperger, a Republican, [recertified](#) the results of the presidential election. He did so after recounts, including a hand recount, upheld the original outcome of the vote. [Raffensperger told reporters](#):

” We have now counted legally cast ballots three times, and the results remain unchanged.

Biden beat Donald Trump in Georgia by [some 12,000 votes](#). Raffensperger added:

” I know there are people that are convinced the election was fraught with problems, but the evidence -- the actual evidence, the facts -- tell us a different story.

He spoke the same day [a federal judge dismissed a lawsuit](#), filed by former Donald Trump attorney Sidney Powell, that sought to overturn the state's election results.

Lead Stories has covered voter fraud claims in Georgia before, as can be seen [here](#).

[NewsGuard](#), a company that uses trained journalists to rank the reliability of websites, describes thegatewaypundit.com as:

” A partisan conservative website that regularly publishes hoaxes, conspiracy theories, and unsubstantiated claims, including those related to the COVID-19 pandemic.

According to NewsGuard the site does not maintain basic standards of accuracy and accountability. Read their full assessment [here](#).

Want to inform others about the accuracy of this story?


<https://leadstories.com/hoax-alert/2020/12/fact-check-no-evidence-of-23000-fraudulent-ballots-for-biden-identified-in-georgi...>

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This fact check is available at IFCN's 2020 US Elections #Chatbot on WhatsApp. Click [here](#) for more.

”  Dana Ford is an Atlanta-based reporter and editor. She previously worked as a senior editor at Atlanta Magazine Custom Media and as a writer/ editor for CNN Digital. Ford has



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GP
BREAKING: US Mail Found in Ditch in Rural Wisconsin - included Absentee Ballots

GP
Criminals Who Were Bailed Out of Jail by Nonprofits, Funded by Biden's Staffers Violently Assault Him, Leave Him with Traumatic Brain Injury and Fractured Skull

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The CDC silently updated their numbers this week to show that only 6% of all coronavirus deaths were related to the coronavirus alone.



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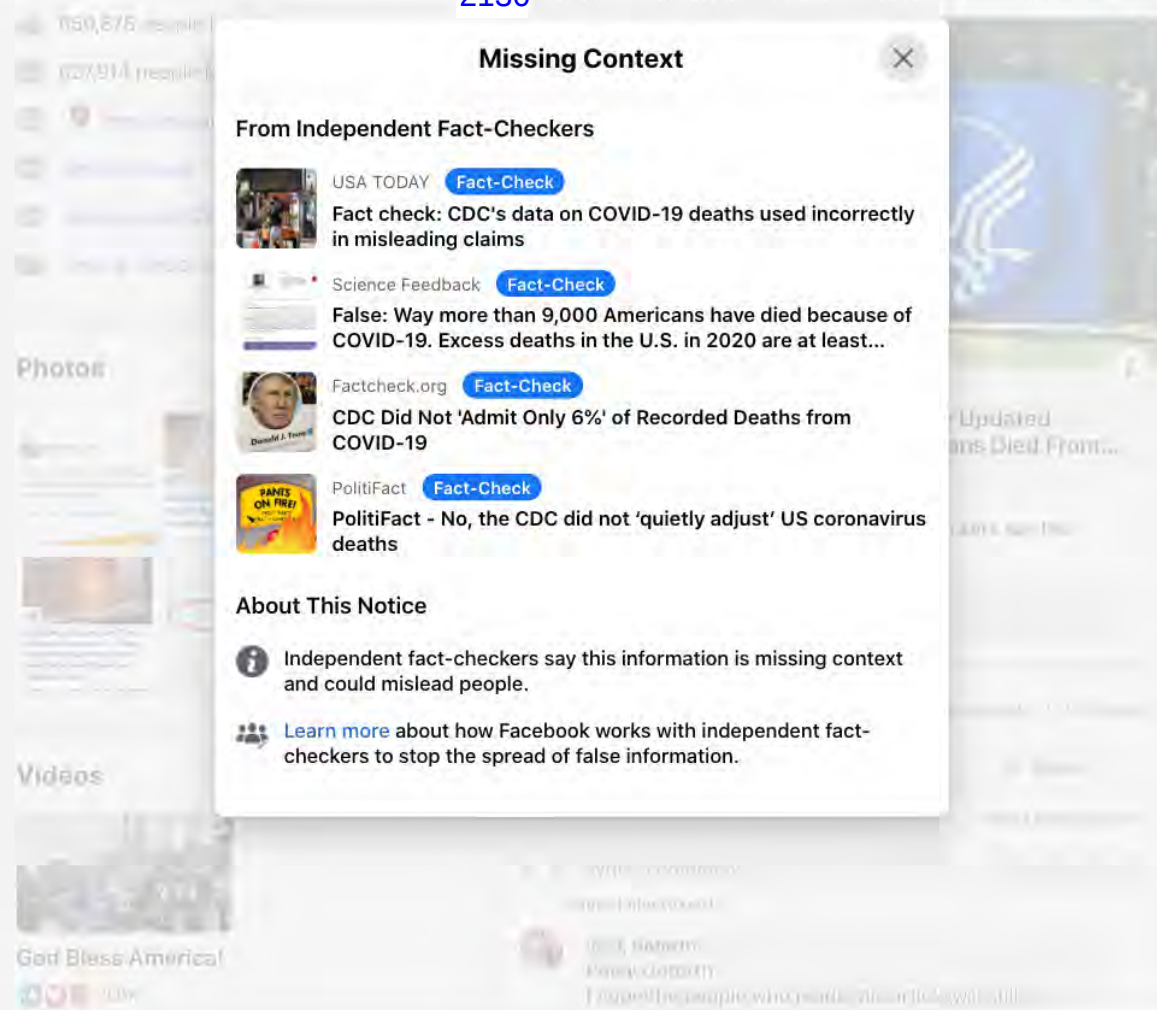
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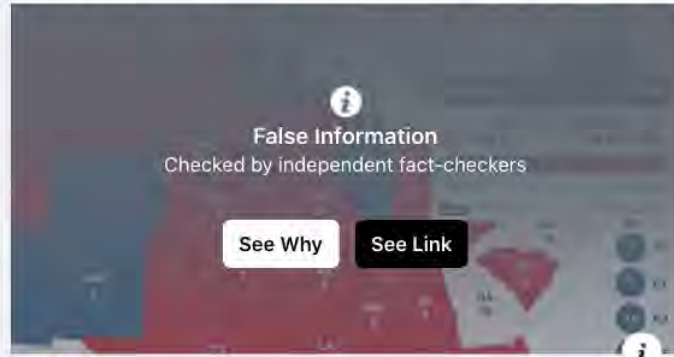
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An online article claims the US Department of Homeland Security will target anyone who believes the 2020 presidential election was fraudulent or raises doubts about Covid-19 guidance. This is misleading; the report on domestic...

GP Gateway Pundit 
March 13 · 

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
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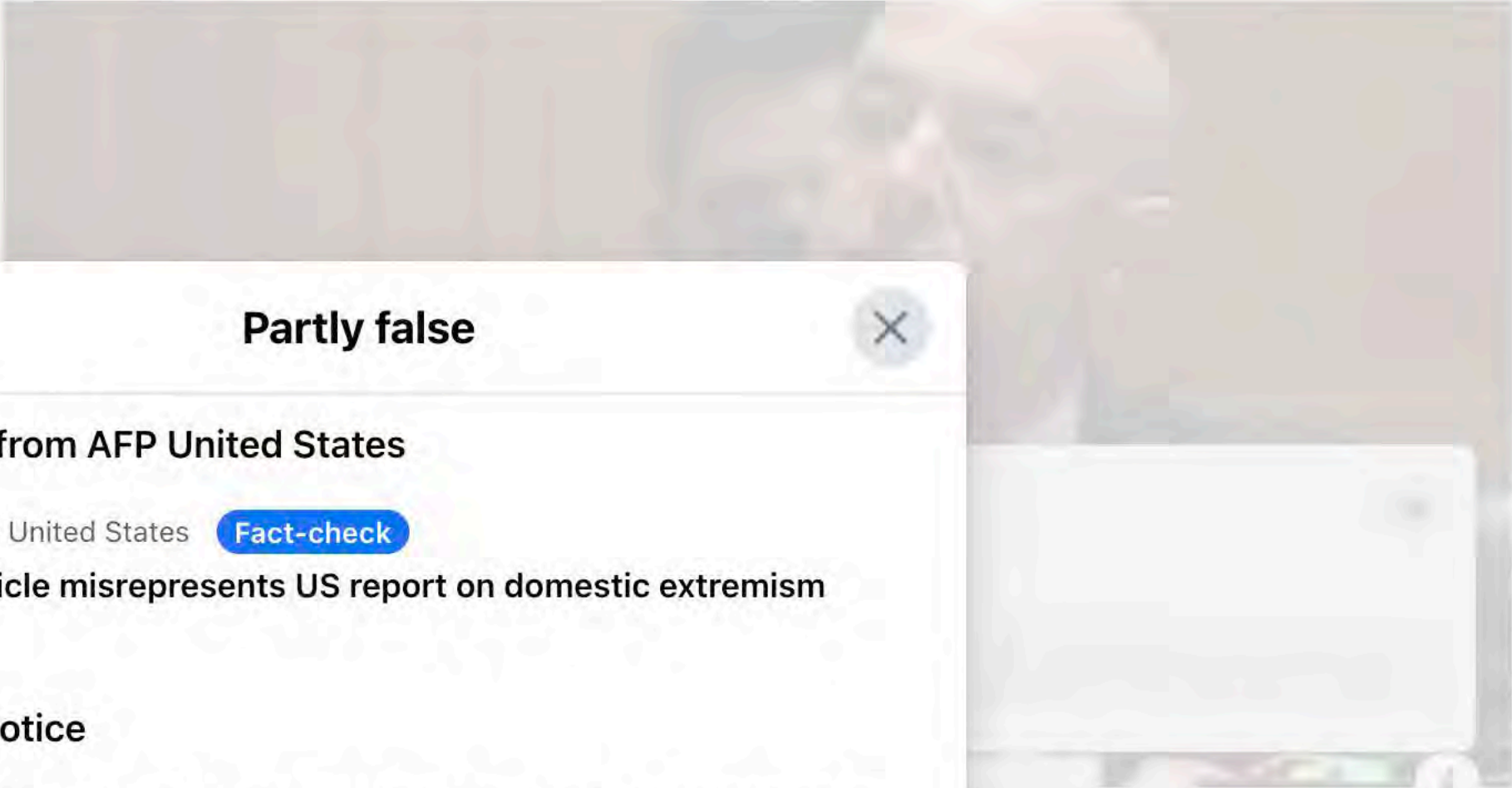
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March 13

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Partly false



Fact-check from AFP United States



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Article misrepresents US report on domestic extremism

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THEGATEWAYPUNDIT.COM

DAMAGE CONTROL: Twitter Adds Bogus Fact Check Claiming "No Evidence of Widespread Fraud" in AZ Election After Audit Exposes Massive Fraud in...

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Fact Check: There Were NOT 'Over 74,000' More Mail-In Ballots Received, Counted In Maricopa County, Arizona, Than Were Mailed Out | Lead Stories

Were over 74,000 more mail-in ballots received and counted than were mailed out ...



Gateway Pundit

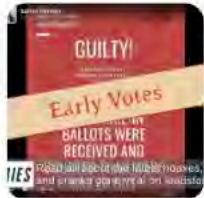
July 17, 2021

DAMAGE CONTROL: Twitter Adds Bogus Fact Check Claiming "No Evidence of Widespread Fraud" in AZ Election After Audit Exposes Massive Fraud in Maricopa County

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Fact-check from Lead Stories



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Independent fact-checkers say this information has no basis in fact.



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Gateway Pundit

August 2, 2021



Airplane Flies Massive "TRUMP WON, Biden's A Fraud" Banner in New Jersey



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Checked by independent fact-checkers

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THEGATEWAYPUNDIT.COM

Airplane Flies Massive "TRUMP WON, Biden's A Fraud" Banner in New Jersey

Over the past few weeks a massive Trump won banner has been flying in the sky above Oc...

1.4K

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Fact Check: Trump Did NOT Win And Audits Do NOT Prove That He Is The President | Lead Stories

Did Trump win and do the audits prove that he is the president? No, that's n...

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July 17, 2021 · 🌐



President Trump WRECKS FOX News and Bret Baier in Latest Release -- Says AZ Audit Findings Enough Already to Change Outcome of Election



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Fact-check from Lead Stories



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Were 174 batches of ballots missing in the Fulton County, Georgia, vote count? No, that's not true: A spokeswoman for...



GP Gateway Pundit 
June 7, 2021 · 



Bernard Kerik: ...I predict that over the next three or four weeks is going to be explosive.



False information

Checked by independent fact-checkers

[See Why](#)

[See Link](#)

THEGATEWAYPUNDIT.COM

Bernie Kerik: Next 3-4 Weeks Will Be Explosive - Will Vindicate Everything We've Been Saying - Election Was Stolen (VIDEO)

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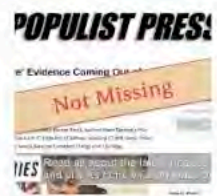


 Gateway Pundit

False



Fact-check from Lead Stories





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April 22 · 🌐

After getting fully vaccinated and boosted, Stephen Colbert announced that he tested positive for COVID-19 on Thursday.



THEGATEWAYPUNDIT.COM

Stephen Colbert Tests Positive For COVID, Says He's 'Grateful To be Vaxxed And Boosted'



Visit the COVID-19 Information Center for vaccine resources.
[Get Vaccine Info](#)



😂👍 119

70 Comments 10 Shares

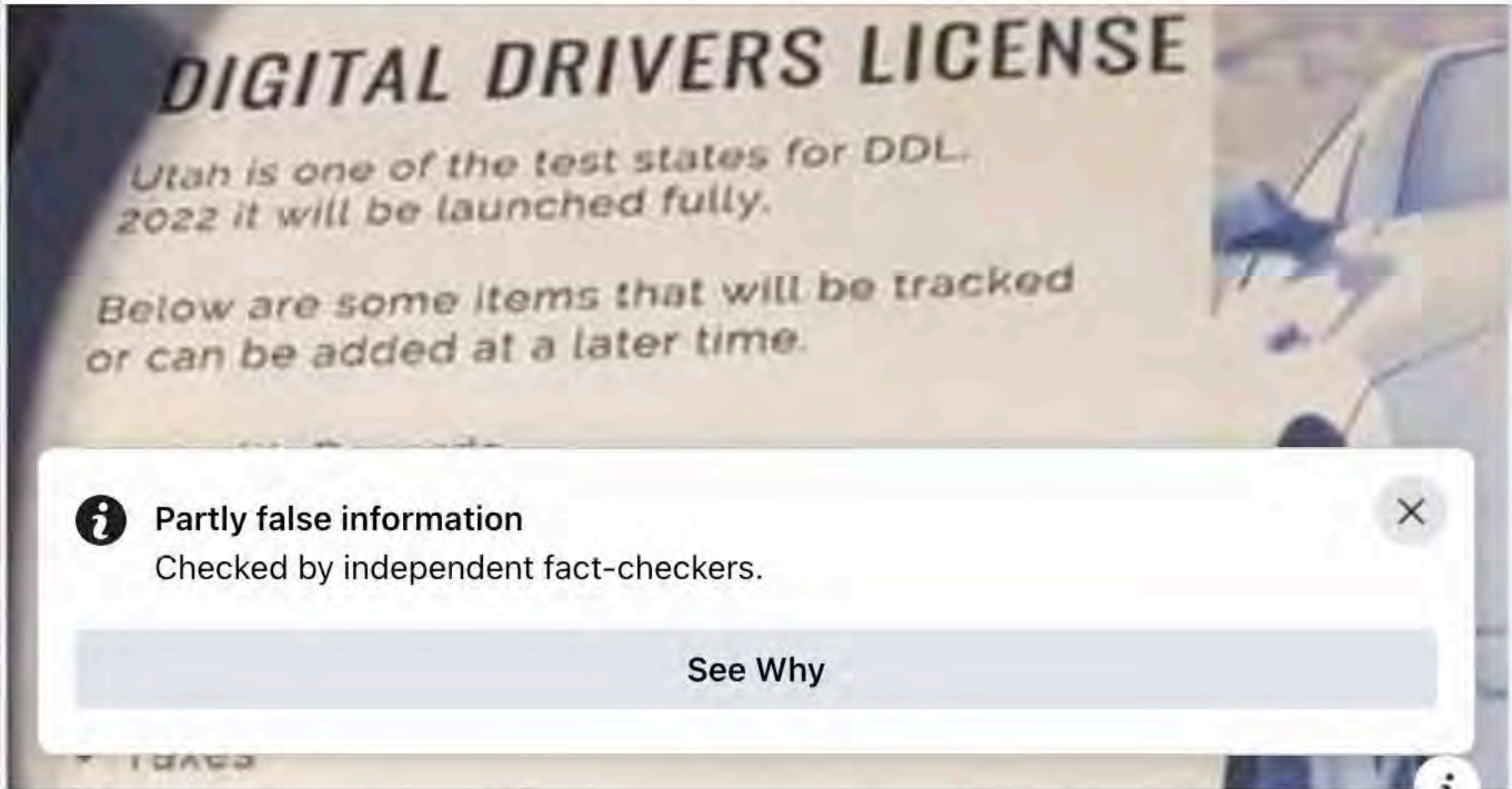
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A new Digital Drivers License is currently in the works in Utah and other states. The program will include your driver's license info and your COVID-19 status. This will be tracked by the government and available to government employees.



i Partly false information
Checked by independent fact-checkers.



See Why

THEGATEWAYPUNDIT.COM

The New Digital Driver's License Will Include Your Vaccine Status - May Eventually Include Your Credit Score, Travel Records and Social Credit Score...



Visit the COVID-19 Information Center for vaccine resources.
[Get Vaccine Info](#)



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45 Comments 103 Shares

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Lead Stories **Fact-check**

Fact Check: 'Digital Driver's License' in Utah Will NOT Contain Vaccination Status, Credit Score -- But Some States Will | Lead Stories

Will Utah implement a "digital driver's license" that includes a li...



November 1, 2021

A new Digital Drivers License is currently in the works in Utah and other states. The program will include your driver's license info and your COVID-19 status. This will be tracked by the government and available to government employees.

DIGITAL DRIVERS LICENSE

Partly false



Fact-check from Lead Stories



Lead Stories

Fact-check

Fact Check: 'Digital Driver's License' in Utah Will NOT Contain Vaccination Status, Credit Score -- But Some States Will |...

About this notice

Independent fact-checkers say this information has some factual inaccuracies.

[Learn more](#) about how Facebook works with independent fact-checkers to stop the spread of false information.



Visit the COVID-19 Information Center for vaccine resources.

[Get Vaccine Info](#)

183

15 Comments 101 Share

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Fact Check: 'Digital Driver's License' in Utah Will NOT Contain Vaccination Status, Credit Score -- But Some States Will | Lead Stories

Will Utah implement a 'digital driver's license' that includes a li...



Gateway Pundit
February 22, 2020 · 🌐



False information

Checked by independent fact-checkers

See Why

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THEGATEWAYPUNDIT.COM

Rumors Emerge that Coronavirus May Have Leaked From Chinese Microbiology Lab - But There Is No Evidence to Support This

🙄 👍 😱 162

28 Comments 106 Shares

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False



Fact-check from Science Feedback



Science Feedback

Fact-check

Multiple scientific studies have indicated that the virus has a natural origin, not the result of human engineering

About this notice



Independent fact-checkers say this information has no basis in fact.



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THEGATEWAYFUND.COM

Rumors Emerge that Coronavirus May Have Leaked From Chinese Microbiology Lab - But There Is No Evidence to Support This

103

23 Comments 106 Shares

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Gateway Pundit

March 8, 2020 ·



Partly false information

Checked by independent fact-checkers.



See Why



THEGATEWAYPUNDIT.COM

"We Can Not Win This Election - We Can Only Reelect Donald Trump" - Joe Biden Speaks the Truth at St. Louis Rally (VIDEO)

454

61 Comments 104 Shares



Gateway Pundit

March 13, 2020



Partly false information

Checked by independent fact-checkers.



Partly false



Fact-check from Lead Stories

Lead Stories

Fact-check

isleadin



Biden's full sentence referencing "circular firing squad" was omitted, misrepresenting what Biden said.

About this notice



Independent fact-checkers say this information has some factual inaccuracies.



[Learn more](#) about how Facebook works with independent fact-checkers to stop the spread of false information.



Gateway Pundit

March 27, 2020 ·



Michigan man whose life was saved by using hydroxychloroquine unloads on his liberal governor for limiting access to the life saving drug to Coronavirus patients!



THEGATEWAYPUNDIT.COM

Michigan Man with Coronavirus Has Near-Death Experience - Is Saved by Hydroxychloroquine Treatment... Then UNLOADS on Liberal Gov. for Limiting...

472

61 Comments 245 Shares

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Most relevant



Gateway Pundit ✓

April 12, 2020 · 🌐



And there it is!!



THEGATEWAYPUNDIT.COM

And There It Is... Michigan Governor Gretchen Whitmer's Lack of Clarity Causes Confusion For Consumers During Lockdown

🤔👍😲 537

211 Comments 309 Shares

👍 Like

💬 Comment

➦ Share



Gateway Pundit ✓

May 6, 2020 · 🌐



Correction: This article has been corrected to reflect that Dr. Mikovits arrest was for taking lab notebooks, a computer, and other material belonging to the institute. These charges were ultimately dropped.



THEGATEWAYPUNDIT.COM

YouTube Deletes Video 'Plandemic' with Dr. Mikovits Accusing Dr. Fauci of Corruption and Suppression - Not Approved by Thought Police

🤔 👍 😲 171

46 Comments 110 Shares



Gateway Pundit

May 18, 2020 ·



Updated: This story has been updated to reflect that Oregon changed hundreds of Republican ballots to "Non Partisan" but blames voter error. The update includes a statement from Oregon State state and county officials regarding the procedures voters must follow and their conclusion that people failed to follow them.

THEGATEWAYPUNDIT.COM



Oregon Changes Hundreds of Republican Ballots To "Non Partisan" But Blames Voter Error for Denying GOP Voters the Right To Participate In Primary

414

58 Comments 370 Shares

Like

Comment

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Most relevant



Gateway Pundit

April 8, 2020 ·



Corrected: This article has been update and corrected to reflect that the data used in the post was the most accurate data at the time the post was published in April of 2020.

This is strange...

THEGATEWAYPUNDIT.COM



Current COVID Mortality Data Not Aligned With Need For Economic Shutdown

342

83 Comments 379 Shares

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Gateway Pundit

August 11, 2020 ·



Well this is awkward.

Corrected: This article has been corrected to reflect that Kamala Harris said she believes the women who came forward with their concerns with Joe Biden's unwanted touching but she has not publicly commented on Tara Reade's accusations of rape against former Vice President Biden.

THEGATEWAYPUNDIT.COM



Flashback: Kamala Harris Said She Believes Women Who Were Uncomfortable With Joe Biden's Unwanted Touching(VIDEO)

276

102 Comments 102 Shares



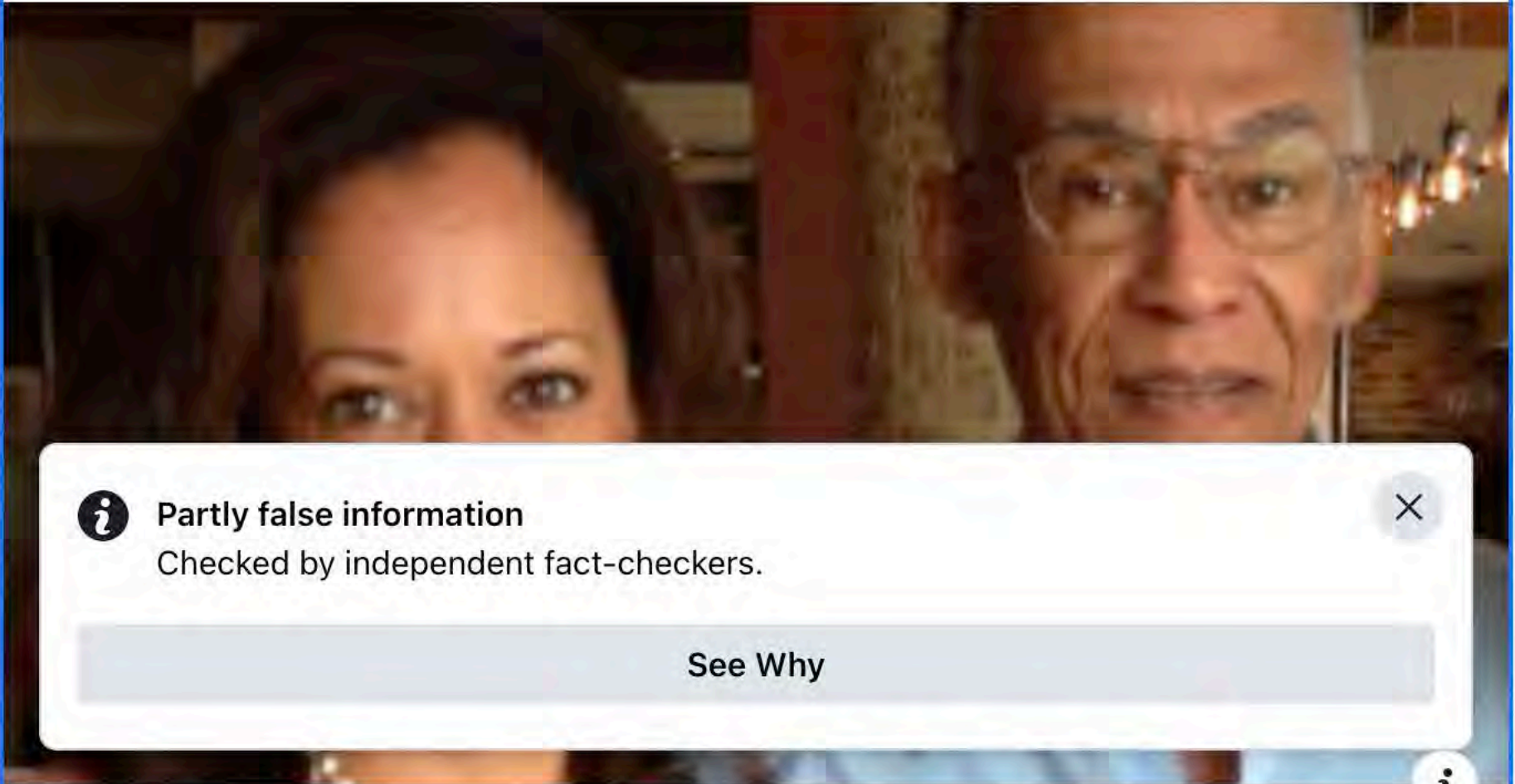
Gateway Pundit

August 11, 2020 · 🌐



Slave Owners

Corrected: This article has been corrected to reflect that the ownership of slaves by Kamala Harris' ancestors is not a secret nor inconvenient as it has been shared publicly in the past.



Partly false information

Checked by independent fact-checkers.



See Why



THEGATEWAYPUNDIT.COM

Flashback: Father of Kamala Harris Details on How Their Ancestors Owned Slaves

👍😂😱 533

129 Comments 519 Shares

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💬 Comment

➦ Share



Gateway Pundit

August 11, 2020

Slave Owners

Corrected: This article has been corrected to reflect that the ownership of slaves by Kamala Harris' ancestors is not a secret nor inconvenient as it has been shared publicly in the past.

Partly false

Fact-check from Lead Stories



Lead Stories **Fact-check**

Kamala Harris's ancestor was a slave impregnated by a slave owner, which is a heritage shared by about one-third of all...

About this notice



Independent fact-checkers say this information has some factual inaccuracies.



[Learn more](#) about how Facebook works with independent fact-checkers to stop the spread of false information.



Gateway Pundit

August 12, 2020 ·



Correction: This article has been corrected to provide additional context for Harris's remarks.



THEGATEWAYPUNDIT.COM

This is What Kamala Harris Thinks of Young Voters: 18-24 Year Olds Are "Really Stupid" (VIDEO)

🤔👍😱 185

44 Comments 137 Shares

👍 Like

💬 Comment

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Gateway Pundit

August 27, 2020 ·



Correction: This post has been corrected to reflect that Harris was referring to protests rather than riots.

WATCH: A clip of Kamala Harris speaking to Stephen Colbert in June is going viral once again, as the party attempts to pivot away from their support of the violent riots.

THEGATEWAYPUNDIT.COM



Kamala Harris on Support for BLM Protests: 'They're Not Gonna Stop,' Warns Everyone to 'Beware' (VIDEO)

118

29 Comments 67 Shares

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Most relevant

EXHIBIT 6



President of my own Little World! 100 mil says So! Retweeted



Dennis Masivgeek @DennisMasivgeek · 10h

Judge Rules late changes to VA Election law is illegal? How?



Jim Hoft  @gatewaypundit · Jan 29

Five Days After Biden Inauguration, Judge Rules Late Changes To VA Election Law That Allowed Late Mail-in-Ballots Without Postmark To Be Counted Is ILLEGAL @100PercFEDUP via @gatewaypundit
thegatewaypundit.com/2021/01/nine-d...



This claim of election fraud is disputed, and this Tweet can't be replied to, Retweeted, or liked due to a risk of violence



EXHIBIT 7



Bulletin

DHS.gov/advisories

This Bulletin will expire on
June 7, 2022 at 2:00 PM ET

****The NTAS Bulletin issued on November 10, 2021 and set to expire on February 8, 2022 is hereby canceled.****

SUMMARY OF THE TERRORISM THREAT TO THE UNITED STATES

The United States remains in a heightened threat environment fueled by several factors, including an online environment filled with false or misleading narratives and conspiracy theories, and other forms of [mis-dis- and mal-information](#) (MDM) introduced and/or amplified by foreign and domestic threat actors. These threat actors seek to exacerbate societal friction to sow discord and undermine public trust in government institutions to encourage unrest, which could potentially inspire acts of violence. Mass casualty attacks and other acts of targeted violence conducted by lone offenders and small groups acting in furtherance of ideological beliefs and/or personal grievances pose an ongoing threat to the nation. While the conditions underlying the heightened threat landscape have not significantly changed over the last year, the convergence of the following factors has increased the volatility, unpredictability, and complexity of the threat environment: **(1)** the proliferation of false or misleading narratives, which sow discord or undermine public trust in U.S. government institutions; **(2)** continued calls for violence directed at U.S. critical infrastructure; soft targets and mass gatherings; faith-based institutions, such as churches, synagogues, and mosques; institutions of higher education; racial and religious minorities; government facilities and personnel, including law enforcement and the military; the media; and perceived ideological opponents; and **(3)** calls by foreign terrorist organizations for attacks on the United States based on recent events.

ADDITIONAL INFORMATION

The primary terrorism-related threat to the United States continues to stem from lone offenders or small cells of individuals who are motivated by a range of foreign and/or domestic grievances often cultivated through the consumption of certain online content. The convergence of violent extremist ideologies, false or misleading narratives, and conspiracy theories have and will continue to contribute to a heightened threat of violence in the United States.

Key factors contributing to the current heightened threat environment include:

- (1) *The proliferation of false or misleading narratives, which sow discord or undermine public trust in U.S. government institutions:***
 - For example, there is widespread online proliferation of false or misleading narratives regarding unsubstantiated widespread election fraud and COVID-19. Grievances associated with these themes inspired violent extremist attacks during 2021.
 - Malign foreign powers have and continue to amplify these false or misleading narratives in efforts to damage the United States.
- (2) *Continued calls for violence directed at U.S. critical infrastructure; soft targets and mass gatherings; faith-based institutions, such as churches, synagogues, and mosques; institutions of higher education; racial and religious minorities; government facilities and personnel, including law enforcement and the military; the media; and perceived ideological opponents:***
 - Foreign terrorist organizations and domestic threat actors continue to amplify pre-existing false or misleading narratives online to sow discord and undermine public trust in government institutions. Some of these actors do so to encourage unrest, which could lead to acts of violence against the facilities, individuals, institutions, and organizations cited above.
 - Violent extremists inspired by a range of grievances and ideologies continue to target crowded venues traditionally perceived to be soft targets, such as commercial and publicly accessible facilities, public gatherings, certain government and state facilities, and houses of worship.
 - The recent attack on a synagogue in Colleyville, Texas highlights the continuing threat of violence based upon racial or religious motivations, as well as threats against faith-based organizations.

RESOURCES TO STAY SAFE

Stay Informed and Prepared

- [Be prepared](#) for emergency situations and remain aware of circumstances that may place you at risk. Make note of your surroundings and the nearest security personnel.
- Keep yourself [safe online](#) and maintain [digital and media literacy](#) to recognize and build resilience to false or misleading narratives.
- Review DHS [resources](#) for how to better protect [businesses](#), [houses of worship](#), and [schools](#), and ensure the safety of public gatherings.
- Prepare for potential [active shooter](#) incidents, as well as efforts to [prevent, protect against, respond to, and mitigate the use of explosives](#).
- [Learn more](#) about community-based resources to help prevent individuals from radicalizing to violence.

Report Potential Threats

- Listen to local authorities and public safety officials.
- [If You See Something, Say Something](#)[®] [Report suspicious activity](#) and threats of violence, including online threats, to local law enforcement, [FBI Field Offices](#), or your local [Fusion Center](#). **Call 911 in case of emergency.**
- If you know someone who is struggling with mental health issues or may pose a danger to themselves or others, [seek help](#).

If You See Something, Say Something[®] Report suspicious activity to local law enforcement or call 911.

The National Terrorism Advisory System provides information on homeland security issues and threats. It is distributed by the Department of Homeland Security. More information is available at: [DHS.gov/advisories](#). To receive mobile updates: [Twitter.com/dhsgov](#).

If You See Something, Say Something[®] used with permission of the NY Metropolitan Transportation Authority.



Bulletin

DHS.gov/advisories

This Bulletin will expire on
June 7, 2022 at 2:00 PM ET

****The NTAS Bulletin issued on November 10, 2021 and set to expire on February 8, 2022 is hereby canceled.****

- Threats directed at Historically Black Colleges and Universities (HBCUs) and other colleges and universities, Jewish facilities, and churches cause concern and may inspire extremist threat actors to mobilize to violence.
- As COVID-19 restrictions continue to decrease nationwide, increased access to commercial and government facilities and the rising number of mass gatherings could provide increased opportunities for individuals looking to commit acts of violence to do so, often with little or no warning. Meanwhile, COVID-19 mitigation measures—particularly COVID-19 vaccine and mask mandates—have been used by domestic violent extremists to justify violence since 2020 and could continue to inspire these extremists to target government, healthcare, and academic institutions that they associate with those measures.
- Domestic violent extremists have also viewed attacks against U.S. critical infrastructure as a means to create chaos and advance ideological goals, and have recently aspired to disrupt U.S. [electric](#) and [communications](#) critical infrastructure, including by spreading false or misleading narratives about [5G cellular technology](#).
- Some domestic violent extremists have continued to advocate for violence in response to false or misleading narratives about unsubstantiated election fraud. The months preceding the upcoming 2022 midterm elections could provide additional opportunities for these extremists and other individuals to call for violence directed at democratic institutions, political candidates, party offices, election events, and election workers.
- A small number of threat actors are attempting to use the evacuation and resettlement of Afghan nationals following the U.S. military withdrawal from Afghanistan last year as a means to exacerbate long-standing grievances and justify attacks against immigrants.

(3) Calls by foreign terrorist organizations for attacks on the United States based on recent events:

- Foreign terrorist organizations will likely continue to maintain a highly visible online presence to attempt to inspire U.S.-based individuals to engage in violent activity.
- Supporters of foreign terrorist organizations have encouraged copycat attacks following the January 15, 2022 attack on a synagogue in Colleyville, Texas.
- Foreign terrorists remain intent on targeting the United States and U.S. persons, and may seek to capitalize on the evolving security environment overseas to plot attacks. The Islamic State of Iraq and ash-Sham (ISIS) or its affiliates may issue public calls for retaliation due to the strike that recently killed ISIS leader Abu Ibrahim al-Hashimi al-Qurayshi.

HOW WE ARE RESPONDING

- DHS and the Federal Bureau of Investigation (FBI) continue to share timely and actionable information and intelligence with the broadest audience possible. This includes sharing information and intelligence with our partners across every level of government and in the private sector. We conduct recurring threat briefings with private sector and state, local, tribal, territorial, and campus partners, including to inform security planning efforts. DHS remains committed to working with our partners to identify and [prevent all forms of terrorism and targeted violence](#), and to support law enforcement efforts to keep our communities safe.
- [DHS's Office of Intelligence and Analysis](#) established a new, dedicated domestic terrorism branch to produce the sound, timely intelligence needed to counter related threats. The Department expanded its evaluation of online activity as part of its efforts to assess and prevent acts of violence, while ensuring the protection of privacy, civil rights, and civil liberties.
- DHS's [Center for Prevention Programs and Partnerships \(CP3\)](#) provides communities with resources and tools to help prevent individuals from radicalizing to violence. In 2021, CP3 awarded about \$20 million in grants through its [Targeted Violence and Terrorism Prevention Grant Program](#). CP3 also partners with local communities to raise awareness about how to prevent violence.
- In 2021, DHS designated domestic violent extremism as a "National Priority Area" within its [Homeland Security Grant Program \(HSGP\)](#), resulting in at least \$77 million being spent on preventing, preparing for, protecting against, and responding to related threats.
- In 2021, DHS's [Nonprofit Security Grant Program \(NSGP\)](#) provided \$180 million in funding to support target hardening and other physical security enhancements to non-profit organizations at high risk of terrorist attack.
- DHS is working with public and private sector partners, as well as foreign counterparts, to identify and evaluate MDM, including false or misleading narratives and conspiracy theories spread on social media and other online platforms that endorse or could inspire violence.
- [DHS's Cybersecurity and Infrastructure Security Agency \(CISA\)](#) works with public and private sector partners – including U.S. critical infrastructure owners and operators – to mitigate risk against our cyber and physical infrastructure and increase nationwide cybersecurity resilience.

If You See Something, Say Something® Report suspicious activity to local law enforcement or call 911.

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF LOUISIANA
MONROE DIVISION**

STATE OF MISSOURI *ex rel.* ERIC S.
SCHMITT, Attorney General, and

STATE OF LOUISIANA *ex rel.* JEFFREY
M. LANDRY, Attorney General,

Plaintiffs,

v.

JOSEPH R. BIDEN, JR., in his official
capacity as President of the United States, *et*
al.;

Defendants.

Case No. 3:22-cv-01213

DECLARATION OF PATRICK FLESCH

I, Patrick Flesch, declare as follows:

1. I am over 18 years of age and make this declaration based on my personal knowledge and experience.
2. I am the Director of Constituent Services for the Missouri Attorney General's Office. I have served in that role since July 1, 2021.
3. In my position as Director of Constituent Services, I lead our Constituent Services team whose main responsibility is to communicate with the citizens of Missouri on behalf of the Office. This includes corresponding via telephone, email, and physical mail. The subject matter of these messages ranges considerably from more mundane day-to-day individual issues to larger policy related correspondence. I oversee, and am personally involved in, receiving, reviewing, and responding to thousands of communications from Missouri constituents per year. For example, in the month of May 2022 alone, we received approximately 1,500 contacts from constituents (phone,

email, letters, etc.) and responded to at least 1,000. For me to communicate effectively with Missourians, it is very important for me to understand their actual concerns.

4. Part of my job as Director of Constituent Services is to gather and synthesize topical subject matters that are important to Missouri citizens, on behalf of the Office. Understanding what subject matters and issues are important to Missourians is critical for the Office to formulate policies and messaging for Missourians that will address the actual concerns expressed by Missouri constituents. Not only is this information gathered from traditional forms of communication, such as mail, email, and phone calls to the Office, but this also includes monitoring activity and mentions on multiple social media platforms, including Facebook, Twitter, and YouTube. I monitor these sorts of trends on a daily or even hourly basis when needed on behalf of the Office. Often social media is used in conjunction with data from traditional forms of communication to identify the most pressing matters and to formulate policy responses and messages to address those concerns.

5. Issues regarding COVID-19 responses (such as mask mandates imposed by municipalities and school districts on schoolchildren) and election security and integrity have been of critical importance to Missourians in recent months and years. For example, mask mandates for schoolchildren have been a critical topic of concern and public discussion for Missourians over the last year. It is very important for me to have access to free public discourse on social media on these issues so I can understand what Missourians are actually thinking, feeling, and expressing about such issues, and so I can communicate effectively with them.

6. Unfortunately, online censorship of free public discourse on social-media companies has hampered my ability to follow Missourians' speech on these issues. It is widely known, for example, that public comments questioning the efficacy of mask mandates has been censored on

social media. This directly interferes with my ability to follow, measure, and understand the nature and degree of Missourians' concerns about mask mandates, and forces me to rely on other, less reliable proxies for Missourians' thoughts and opinions about these issues.

7. Such social-media censorship has directly affected Missourians. For example, in one well-publicized example, YouTube censored the videos of four public meetings between the St. Louis County Council and the constituents of St. Louis County, Missouri, when the County Council was debating whether to approve or disapprove County-wide mask mandates imposed by the St. Louis County Department of Public Health.¹ During the public-comment periods at these meetings, a large number of St. Louis County residents made passionate public comments criticizing and opposing the mask mandates, leading to YouTube censoring the videos of the public meetings. *Id.* This video is just the sort of information that is important for me to review, and yet it was unavailable for a critical period of time due to online censorship of speech questioning the efficacy of mask mandates.

8. Similarly, a conservative talk radio station in Missouri, NewsTalk STL, had its entire YouTube channel suspended because it aired an interview discussing election integrity.² The station reported that it had received "two strikes against our channel due to 'medical misinformation' according to YouTube's protocol." *Id.* Then, the station was "sent an email informing us that we have been removed from the platform and can no longer post, upload, or create content on our [YouTube] channel." *Id.* The permanent suspension from YouTube was

¹ See Nassim Benchaabane, *Censored over COVID-19 misinformation, St. Louis County to stop using YouTube by Oct. 19*, ST. LOUIS POST-DISPATCH (Oct. 7, 2021), at https://www.stltoday.com/news/local/govt-and-politics/censored-over-covid-19-misinformation-st-louis-county-to-stop-using-youtube-by-oct-19/article_f0e4e112-40c3-59b3-a70a-aa2a0608c439.html.

² Kate Fitzpatrick, *NewsTalk STL is removed from YouTube permanently* (March 21, 2022), at <https://newstalkstl.com/newstalk-stl-is-removed-from-youtube-permanently/>.

caused by posting an interview “discussing the 2020 election and the need for election integrity legislation on the channel.”³ The interviewee “focused on the perception many American voters have of election fraud, and how legislation aimed at making it easier to vote but harder to cheat would be essential in renewing trust in our elections.” *Id.* “A week later on March 21, the station reported that it had received an email from YouTube informing it that it had received a third and final strike for that [interview], resulting in a permanent ban from the site. All its content was deleted, and it could no longer post or share videos.” *Id.*

9. Another example of direct censorship of Missouri citizens involves concerned parents who objected to mandatory masking of their children in schools and wanted their schools to remain mask-optional.⁴ For example, one parent who posted on nextdoor.com (a neighborhood-networking site operated by Facebook) an online petition to encourage his school to remain mask-optional found that his posts were quietly removed without notifying him, and his online friends never saw them. *Id.* Another parent in the same school district who objected to mask mandates for schoolchildren responded to Dr. Fauci on Twitter, and promptly received a warning from Twitter that his account would be banned if he did not delete the tweets criticizing Dr. Fauci’s approach to mask mandates. *Id.* These examples are just the sort of online speech by Missourians that it is important for me and the Missouri Attorney General’s Office to be aware of.

10. The kinds of speech discussed above and in the Complaint in this case—such as speech about the efficacy of COVID-19 restrictions, and speech about issues of election security and

³ Douglas Blair, *YouTube Bans St. Louis Talk Radio Station’s Channel for Discussing Election Integrity*, THE DAILY SIGNAL (March 31, 2022), at <https://www.dailysignal.com/2022/03/31/youtube-bans-st-louis-talk-radio-stations-channel-for-discussing-election-integrity/>.

⁴ Jessica Marie Baumgartner, *Missouri Parents Censored Online for Opposing Mask Mandates in School*, THE EPOCH TIMES (Aug. 4, 2021), at https://www.theepochtimes.com/missouri-parents-censored-online-for-opposing-mask-mandates-in-school_3933012.html?welcomeuser=1.

election integrity—are matters of core interest and high importance to me in my work on behalf of the AGO. When such speech is censored on social media, it makes it much harder for me to do my job and to understand what Missourians really are concerned about.

11. Because online censorship acts as a prior restraint on speech, I will never know exactly how much speech by Missourians on social media never reaches my eyes because it is censored in advance, or as soon as it is posted. But based on these publicly available examples, it is clear that online censorship has blocked me from receiving and reviewing many important expressions of Missourians' concerns about issues of public importance. This censorship directly interferes with the ability of the Attorney General's Office to achieve its mission of acting as the chief legal officer on behalf of Missouri's six million citizens. If we do not know what Missourians' true concerns are, how can we craft messages and policies that are responsive to our citizens?

I swear or affirm under penalty of perjury that the foregoing is true and correct.

Dated: June 8, 2022

Signed: /s/ Patrick Flesch

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF LOUISIANA
MONROE DIVISION**

STATE OF MISSOURI *ex rel.* ERIC S.
SCHMITT, Attorney General, and

STATE OF LOUISIANA *ex rel.* JEFFREY
M. LANDRY, Attorney General,

Plaintiffs,

v.

JOSEPH R. BIDEN, JR., in his official
capacity as President of the United States, *et*
al.;

Defendants.

Case No. 3:22-cv-01213

DECLARATION OF DR. AARON KHERIATY

I, Dr. Aaron Kheriaty, declare as follows:

1. I am an adult of sound mind and make this statement voluntarily, based upon my knowledge, education, and experience.

2. I graduated from the University of Notre Dame with a double major in philosophy and pre-medical sciences. I earned my M.D. from Georgetown University, and completed residency training in psychiatry at the University of California Irvine. For many years, I was a Professor of Psychiatry at UCI School of Medicine and the Director of the Medical Ethics Program at UCI Health, where I chaired the ethics committee. I also chaired the ethics committee at the California Department of State Hospitals for several years. I am now a Fellow at the Ethics & Public Policy Center in Washington, DC, where I direct the program on Bioethics and American Democracy. I am also chief of psychiatry and ethics at Doc1 Health and chief of medical ethics at The Unity Project. I am a senior fellow and director of the Health and Human Flourishing Program at the

Zephyr Institute. I serve as a scholar at the Paul Ramsey Institute and on the advisory board at the Simone Weil Center for Political Philosophy.

3. I have authored numerous books and articles for professional and lay audiences on bioethics, social science, psychiatry, religion, and culture. My work has been published in the Wall Street Journal, the Washington Post, Arc Digital, The New Atlantis, Public Discourse, City Journal, and First Things. I have conducted print, radio, and television interviews on bioethics topics with The New York Times, the Los Angeles Times, CNN, Fox News, and NPR. I maintain social-media accounts, including the Twitter account @akheriaty, which has over 158,000 followers.

4. During the early months of the COVID-19 pandemic, I co-authored the University of California's pandemic ventilator triage guidelines for the UC Office of the President and consulted for the California Department of Public Health on the state's triage plan for allocating scarce medical resources. In early 2021, I was involved in developing the vaccine-allocation policy at the University of California when the demand for vaccines outstripped supply and there were ethical questions about who should get the vaccines first.

5. I also served as a psychiatric consultant at the UCI hospital and, in connection with treating patients at the hospital, I contracted COVID-19 in 2020.

6. In August 2021, while I was still professor at UCI School of Medicine and director of the Medical Ethics Program at UCI Health, the University of California implemented an employee vaccine mandate for COVID-19 that made no exceptions for those with infection-induced (or "natural") immunity. Having been previously infected with COVID-19, I had natural immunity to the virus. There is compelling scientific evidence, backed by centuries of experiences, that natural immunity is superior to vaccine-induced immunity. I objected to the vaccine mandate on

the ground, *inter alia*, that it is unethical to require individuals with natural immunity to receive a vaccine with known risks of side effects when the vaccine grants no material benefits to those individuals. I ultimately filed suit against the University of California's Board of Regents and its President to challenge the vaccine mandate.

7. In October 2021, the University of California placed me on unpaid leave, and on December 17, 2021, the University terminated my employment.

8. My termination by the University of California for my opposition to its one-size-fits-all vaccine mandate attracted widespread public attention. Stories about my opposition to the vaccine mandate and my termination were featured on national news media. This led to an increase in following on my social-media accounts, where I communicate with followers and the public about matters relating to bioethics, public health, vaccine mandates, and other issues.

9. Following my dismissal from the University and the publication of my story on my Substack newsletter,¹ my Twitter following grew from 5,000 to over 158,000 in the span of five months. Twitter users can opt to display their location on their Twitter page and scrolling through my followers it is evident that they come from all over the United States, including followers from Missouri and Louisiana, as well as followers from dozens of other countries. (I have family members in Missouri who tell me that many of their friends there follow my work closely.) Twitter drives most of the traffic to my Substack newsletter, which has become a significant source of personal income for me after losing my job at the University—income that supports my wife and five children.

¹ <https://aaronkheriaty.substack.com/p/farewell-university-of-california>

10. My LinkedIn network has also grown considerably since I was let go from the University, from a few dozen to 1,333 connections. I share my work, including published articles and announcements on my forthcoming book, on both LinkedIn and Twitter.

11. I have always shared peer-reviewed research findings as well as my own opinions and perspectives on Twitter and LinkedIn. It was not until I began posting information about covid and our covid response policies, however, that I encountered censorship on the Twitter platform. This began in 2020 when I published an article on the adverse mental health consequences of lockdowns. The problem became more pronounced in 2021 when I shared my Wall Street Journal article and other information on ethical issues related to vaccine mandates. The Twitter censorship took several forms.

12. First, as new followers were added, which I could see and count on my “Notifications” page, my number of total followers would not increase commensurately. I finally figured out that as new followers were added, the platform would automatically “unfollow” some of my other followers. So, while new people followed me my total number of followers was clearly artificially suppressed and would plateau or grow only very slowly. Several of my followers reached out to me when they realized they had automatically been “unfollowed” by Twitter, and they had to “refollow” me, in some cases several times repeatedly. Most of those who were dropped would have no way of knowing that this happened unless they specifically took the trouble to check.

13. Shortly after it was announced that Elon Musk would buy Twitter, my following started growing much faster than usual, without me doing anything differently in terms of my engagement with the platform, number, frequency, or type of posts, etc. A few weeks later, when it appeared that Musk’s purchase of Twitter was hitting roadblocks, the pattern suddenly reverted and the growth of my following slowed again to the usual snail’s pace. Many other users commented at

that time that they had similar experiences. The platform may have been walking back some of its censorship tendencies to cover their tracks (Musk was talking about making the Twitter algorithm public), then reversing course when it appeared the sale might not happen.

14. Another problem I encountered frequently on Twitter was “shadow banning”. This occurs when my tweets do not appear in my followers’ feeds. Many followers commented that they had not seen anything from me for months, even though I post frequently—multiple times daily and multiple days per week. My impression was that tweets on topics like vaccine safety/efficacy were often not shared with many of my followers, while other tweets on non-covid-related topics would garner more attention from followers. Several followers messaged me to say that they could see certain tweets if they went to my timeline, but those same tweets never appeared in their feed.

15. This phenomenon of shadow-banning is well-known and well-documented by Twitter users. The posts most subject to this were those that challenged the federal government’s preferred covid policies. I encountered evidence of this shadow-banning in 2021 before I was let go from the University after I started posting on covid topics, and the problem intensified in 2022 following my dismissal, as I continued to post frequently on the ethics of vaccine mandates for competent adults.

16. I have several of my friends and colleagues—including Dr. Peter McCollough and Dr. Robert Malone—who were temporarily (McCollough) or permanently (Malone) banned from Twitter for posing peer-reviewed scientific findings regarding the covid vaccines. Even though the ethics of vaccine mandates is among my areas of expertise, and an area that has impacted me personally and professionally, I am extremely careful when posting any information on Twitter related to the vaccines, to avoid getting banned. This self-censorship has limited what I can say

publicly on topics where I have specific scientific and ethical expertise and professional experience.

17. One of my videos, an early interview I did with journalist Alyson Morrow, on the ethics of vaccine mandates, was temporarily removed from YouTube.² The company indicated it violated their misinformation policy but would not give any specifics regarding exactly what content from the interview was problematic. The video was only re-posted by YouTube after Morrow and others drew attention to the fact that YouTube had censored an academic medical ethicist for talking about the medical ethics of vaccine mandates—an absurd form of censorship.

18. The pattern of content censored on these social media platforms mirrors closely the CDC and Biden administration policies. In my experience using these platforms to discuss covid topics, any content that challenges those federal policies is subject to severe censorship, without explanation, on Twitter and YouTube—even when the information shared is taken straight from peer-reviewed scientific literature.

I swear or affirm under penalty of perjury that the foregoing is true and correct.



Dated: 3 June 2020

Signed: /s/ Aaron Kheriaty

² Available at https://www.youtube.com/watch?v=Ts8Zx1z_wac

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF LOUISIANA
MONROE DIVISION**

STATE OF MISSOURI *ex rel.* ERIC S.
SCHMITT, Attorney General, and

STATE OF LOUISIANA *ex rel.* JEFFREY
M. LANDRY, Attorney General,

Plaintiffs,

v.

JOSEPH R. BIDEN, JR., in his official
capacity as President of the United States, *et*
al.;

Defendants.

Case No. 3:22-cv-01213

DECLARATION OF JEFF ALLEN

1. I, Jeff Allen, am over the age of 18 and competent to testify about the matters discussed herein.
2. I reside in Missouri and am the President of Programming for NewsTalkSTL, a popular news talk radio station in the St. Louis, Missouri region.
3. The talk radio station enjoys a substantial Missouri audience and features several on-air personalities covering a broad range of topics relevant to both a local and national audience.
4. Our station has been targeted by YouTube from the moment of its launch in July 2021.
5. Around the time of our launch, Facebook flagged our promotional video, but we still do not know why. We believe it may be because our promotional video mentioned “conservative”.
6. YouTube subsequently issued “strikes” against our content for COVID-related and election-related “misinformation.”

7. YouTube sent what appeared to be automated emails advising we had received a strike, including the following text (below), but at no time were we provided specific information on exactly how we violated the policy or how to avoid doing so in the future.

How this affects your channel

Your channel now has 1 strike. You won't be able to do things like upload, post, or live stream for 1 week. A second strike will prevent you from publishing content for 2 weeks. Three strikes in the same 90 day period will result in your channel being permanently removed from YouTube.

What to do next

95% of creators who get 1 strike never get another one. We want that for you too, so please:

- Make sure you understand YouTube's [Community Guidelines](#) and [strikes basics](#).
- Review your content with our policies in mind. If after reviewing your content you think we made a mistake, let us know. You can appeal this decision [here](#).
- Understand that this strike will expire after 90 days, and that deleting the content will not remove the strike.
- Remember, if your channel has been restricted from using any YouTube features, you're prohibited from using another channel to get around these restrictions. Doing so is considered circumvention under our [Terms of Service](#), and may result in termination of your account and all your channels.

Sincerely,
The YouTube Team

8. We appealed these strikes, but each time the appeals were denied by YouTube.

9. For example, on 12/30/21, we aired an episode of the “Tim Jones and Chris Arps Show” and posted it to our YouTube channel. The show featured discussion of timely COVID issues, including testing and vaccines and treatments.

10. YouTube removed the show and issued a strike, stating in an email that it violated its “medical misinformation policy” and contradicted the medical information about COVID-19 from

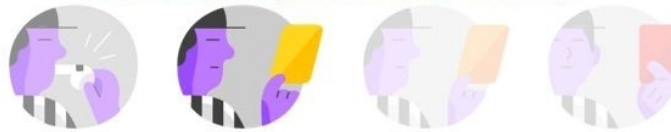
the World Health Organization (WHO) or from local health authorities, including recommendations of harmful substances for the treatment or prevention of COVID-19, as demonstrated below:



Hi NewsTalkSTL,

Our team has reviewed your content, and, unfortunately, we think it violates our **medical misinformation policy**. We've removed the following content from YouTube:

Video: [Tim Jones and Chris Arps Show 12-30-2021 NewsTalkSTL](#)



We know that this might be disappointing, but it's important to us that YouTube is a safe place for all. If content breaks our rules, we remove it. If you think we've made a mistake, you can appeal and we'll take another look. Keep reading for more details.

How your content violated the policy

YouTube does not allow content that spreads medical misinformation that contradicts the World Health Organization (WHO) or local health authorities' medical information about COVID-19, including recommendation of harmful substances for the treatment or prevention of COVID-19. [Learn more here.](#)

How this affects your channel

Your channel now has 1 strike. You won't be able to do things like upload, post, or live stream for 1 week. A second strike will prevent you from publishing content for 2 weeks. Three strikes in the same 90 day period will result in your channel being permanently removed from YouTube.

What to do next

95% of creators who get 1 strike never get another one. We want that for you too, so please:

- Make sure you understand YouTube's [Community Guidelines](#) and [strikes basics](#).
- Review your content with our policies in mind. If after reviewing your content you think we made a mistake, let us know. You can appeal this decision [here](#).
- Understand that this strike will expire after 90 days, and that deleting the content will not remove the strike.
- Remember, if your channel has been restricted from using any YouTube features, you're prohibited from using another channel to get around these restrictions. Doing so is considered circumvention under our [Terms of Service](#), and may result in termination of your account and all your channels.

Sincerely,
The YouTube Team

11. We appealed the decision of YouTube, but the decision was upheld (below) and our content remained censored.



Hi NewsTalkSTL,

We have reviewed your appeal for the following content:

Video: [Tim Jones and Chris Arps Show 12-30-2021 NewsTalkSTL](#)

We reviewed your content carefully, and have confirmed that it violates our medical misinformation policy. We know this is probably disappointing news, but it's our job to make sure that YouTube is a safe place for all.

How this affects your channel

- We won't be putting your content back up on YouTube.
- If your appeal was for a warning, you will not be given another warning in the future.
- If your appeal was for a strike, the strike will remain on your channel.

You can find more information about warnings and strikes at the [YouTube Help Center](#).

Sincerely,
The YouTube Team

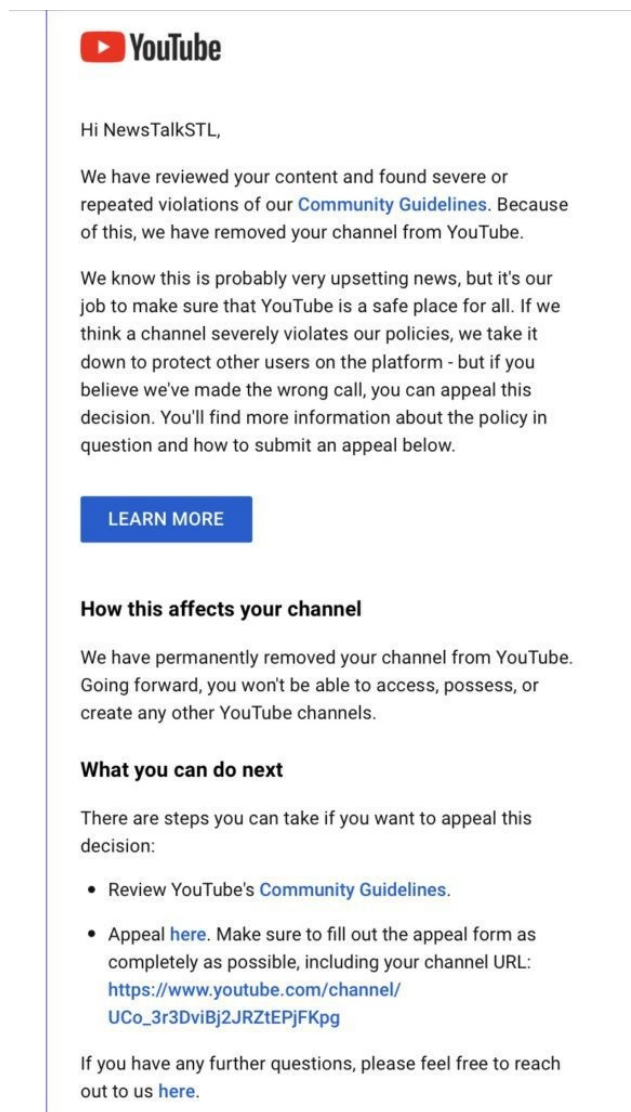
12. The NewsTalkSTL channel on YouTube continued to receive strikes in the first week of January and into February, 2022, due to “medical misinformation” about COVID-19 alternative treatments. Our “offending” posts involved discussions of stories from news and other sources about the topic. None of the automated emails from YouTube announcing strikes detailed the specific moment or statement that caused the supposed policy violations.

13. On March 14, 2022, NewsTalkSTL aired an episode of “The Vic Porcelli Show” featuring discussion about election integrity and restoring voters’ confidence in future elections. The show discussed a Rasmussen poll finding that 83% of likely voters believe election integrity will be an

important issue in the upcoming midterm elections. The discussion covered the 2020 election cycle and the need for election integrity legislation.

14. At no point did the hosts or guest claim the 2020 election was stolen; instead, they noted more than half of Americans polled thought that fraud and cheating had occurred. The conversation focused on the perception many voters have of election fraud, the lack of confidence in our elections, and how reform legislation might restore trust in future elections.

15. On March 21, 2022, YouTube emailed NewsTalkSTL to advise its channel was permanently removed from the platform for “severe or repeated violations,” per the below:



The image is a screenshot of an email from YouTube. At the top left is the YouTube logo. The text of the email reads: "Hi NewsTalkSTL, We have reviewed your content and found severe or repeated violations of our Community Guidelines. Because of this, we have removed your channel from YouTube. We know this is probably very upsetting news, but it's our job to make sure that YouTube is a safe place for all. If we think a channel severely violates our policies, we take it down to protect other users on the platform - but if you believe we've made the wrong call, you can appeal this decision. You'll find more information about the policy in question and how to submit an appeal below." Below this text is a blue button with the text "LEARN MORE". Underneath the button is a section header "How this affects your channel" followed by the text: "We have permanently removed your channel from YouTube. Going forward, you won't be able to access, possess, or create any other YouTube channels." This is followed by another section header "What you can do next" and the text: "There are steps you can take if you want to appeal this decision:" followed by a bulleted list: "• Review YouTube's Community Guidelines." and "• Appeal here. Make sure to fill out the appeal form as completely as possible, including your channel URL: https://www.youtube.com/channel/UCo_3r3DviBj2JRZtEPjFKpg". At the bottom, it says: "If you have any further questions, please feel free to reach out to us here."

16. In so doing, YouTube deleted all of our content and prevented any more posts, silencing our voice and our expression from the platform entirely. It appears our election discussion was the big moment, as compared to the previous COVID-related strikes, that resulted in our permanent ban from YouTube.

17. The banning of our channel appeared to be based on simply talking about the subject of voter fraud and Americans' thoughts on the subject, not even a claim such fraud occurred.

18. Facebook has also targeted our content, pulling advertisements and issuing temporary suspensions, also for COVID and election-related "misinformation," although they have not permanently banned our content as YouTube has done.

I swear or affirm under penalty of perjury that the foregoing is true and correct.

Dated: June 11, 2022

Signed: /s/ Jeff Allen

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF LOUISIANA
MONROE DIVISION**

STATE OF MISSOURI *ex rel.* ERIC S.
SCHMITT, Attorney General, and

STATE OF LOUISIANA *ex rel.* JEFFREY
M. LANDRY, Attorney General,

Plaintiffs,

v.

JOSEPH R. BIDEN, JR., in his official
capacity as President of the United States, *et*
al.;

Defendants.

Case No. 3:22-cv-01213

DECLARATION OF MARK CHANGIZI

1. I, Mark Changizi, am over the age of 18.
2. I live in Columbus, Ohio.
3. I make this Declaration based on personal knowledge.
4. I am a broadly trained scientist (math/physics undergrad, PhD in math, postdocs in psychology and theoretical neuroscience) and have been a researcher in a variety of fields for 25 years. For more than 15 years I have been a public-facing scientist -- I write for magazines, appear on science TV shows, speak worldwide, do a YouTube series, and have six books on my research.
5. Historically apolitical, when Covid entered the picture I realized there were many deep misunderstandings of the data and evidence leading to panicked decisions being made, and I endeavored to explain what the evidence actually says.
6. Furthermore, as someone with expertise on psychology and the evolution of culture, I have also been spending considerable effort communicating emergent societal

phenomena, the illogical biases humans have (on both sides of the Covid debate), and the importance of free expression in society (the subject of my institute, Free Expression Group).

7. I have approximately 37,000 followers on Twitter, having created my account in April 2013.

8. Since March of 2020, my Twitter account focused upon criticizing the societal and governmental responses to COVID-19, and trying to explain why they were misguided.

9. Many of my Tweets were extremely controversial, particularly at the time, but I was never suspended for any of them.

10. I tweeted on March 17, 2020, for example: “the moral of coronavirus19 will be that social contagion via social networks is more dangerous than biological contagion” (Attachment 1).

11. On April 27, 2020 I tweeted that “Lockdowns were NOT common sense measures. They were hysterical reactions out of fear” (Attachment 2).

12. On May 24, 2020 I tweeted: “The Lockdown religious cult. Believed initially on faith (“common sense”); impervious to evidence they did nothing; Demand that all else must be sacrificed; Requires unrelenting devotion and asceticism; Promises forever life; Moral outrage for any who protest” (Attachment 3).

13. On July 23, 2020, I tweeted “New study a TOTAL surprise to sufferers of The Illusion of Control. ‘Rapid border closures, full lockdowns, & wide-spread testing were not associated with COVID-19 mortality per million people’” (Attachment 4).

14. On September 9, 2020, I tweeted that the infection fatality rate for the flu in the United States ranges from 0.1% to 0.18%, while COVID was in the range of 0.1% to 0.3% (Attachment 5).

15. On November 21, 2020 I tweeted “Breaking: Another study finds no benefit from lockdowns” (Attachment 6).

16. On December 2, 2020, I tweeted that “ASYMPTOMATIC TRANSMISSION RATE. Transmission rate increased with the severity of index cases,” and cited some statistics (Attachment 7).

17. That same day, I tweeted that covid “spread via smoke like aerosols” which is “why masks are useless” (Attachment 8).

18. On April 20, 2021, I received my first 12-hour suspension for linking to an article on the safety and efficacy of face masks, an article housed at the NIH web site. The following tweet was cited as cause:

New Review: Masks Ineffective, Harmful. “The existing scientific evidence challenges the safety and efficacy of wearing facemask as preventive intervention for COVID-19” (Attachment 9).

19. On approximately June 25, 2021, I received a 7-day suspension, and the email from Twitter just had blank spaces where the usual offending material would be, so I was never sure why I was suspended.

20. Around December 1, 2021, I learned my account was being heavily censored and deboosted (this means, among other things, that the user’s tweets are de-platformed—they appear in Twitter feeds much less frequently and replies to other posts may be hidden).

21. First, I had noticed that I was no longer gaining followers, and my engagement had fallen precipitously.

22. Second, followers reported to me that they were no longer seeing my tweets, and that when they searched for me I would either not come up or appear only when the final letter

was added, and -- if they did find me via a search -- that my account was labeled as “sensitive” and required accepting a warning in order to view the content.

23. I was permanently suspended on December 18, 2021, again for “spreading misleading and potentially harmful information related to COVID-19.” The following two tweets were cited as the cause (Attachment 10):

- a. “Covid is 10 to 20 times less dangerous than flu for kids. Get. A. Grip. There is NO long term data for the shot. And even the short and medium term data for that age group are ambiguous at best.”
- b. “Asymptomatics rarely spread it ~ Vaccinations don’t slow spread ~ unvaxxed pose no threat to vaxxed ~ Risks are broadly flu like (and safer than flu for < 40) ~ Huge % of unvaxxed have superior natural immunity via recovery.”

24. The email warned me that any “attempt to evade a permanent suspension by creating new accounts” would result in suspension of those accounts.

25. I appealed the suspension on Christmas Day of 2021. I wrote that:

You have permanently suspended me for speaking out as a scientist concerning the evidence-based dangers of Covid and the efficacy & ethics of the interventions.

Ironically, I am one of the few scientists studying the importance of free expression, and how it is an absolutely crucial part of the mechanism society — and science — uses to stumble toward the truth.

I am an academic with a number of well-known discoveries, my sixth book appearing in a few months, and am also perhaps the only person arguing against the interventions that understands there was no “pandemic,” and has tried to educate people against their bias toward conspiracy-theory thinking.

You have made a huge mistake in suspending so many voices, including mine.

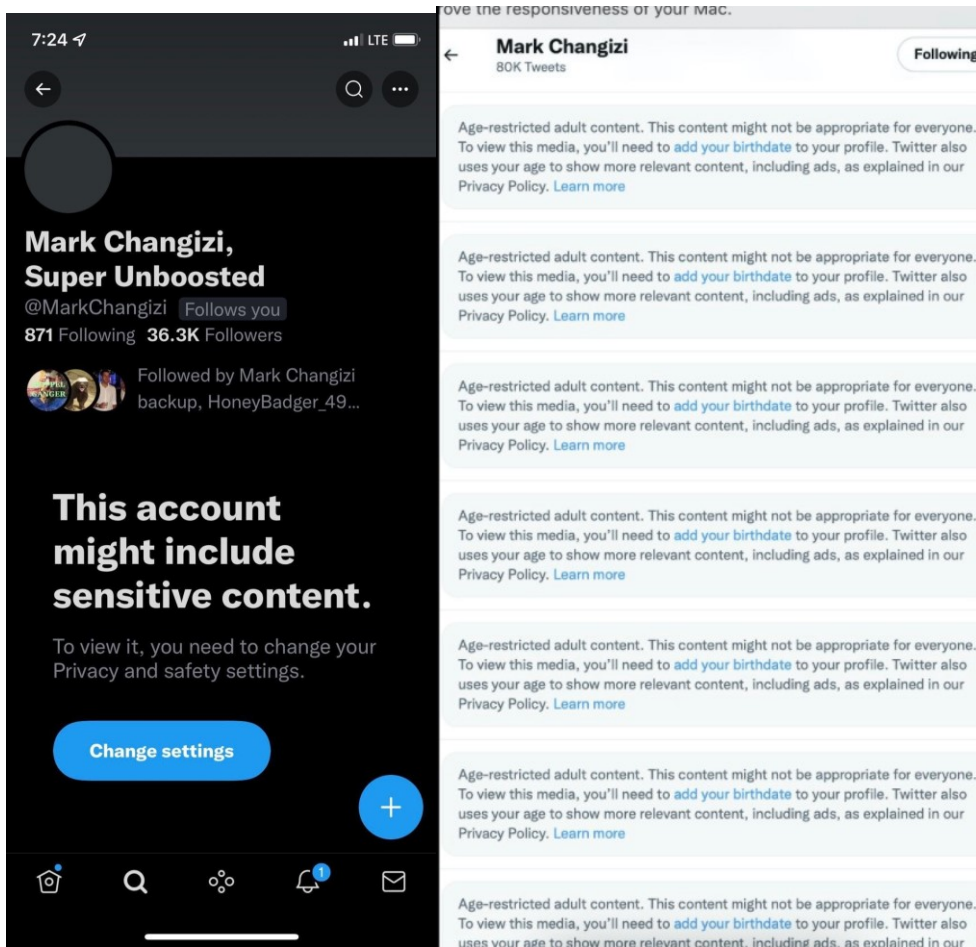
And, that is true whether or not what we're saying is true! Of course, I believe my statements are true, and always provide argument & evidence. Remember: nearly every journal article in the academic literature is false. But that doesn't mean it gets cancelled. It is part of the truth-discovery process itself.

Don't become part of the problem by encouraging censorship and groupthink.

26. On December 27, 2021, Twitter unsuspending me without explanation, although I had to delete two Tweets (see 9a and 9b) to regain access to my account.

27. Nevertheless, my account is heavily censored: my Tweets are typically labeled "age-restricted adult content" that require an explicit effort to read them (in contrast to the vast majority of Twitter accounts). I still do not occur in a search unless my name is fully typed, and the same is true of my Instagram account (Attachment 11).

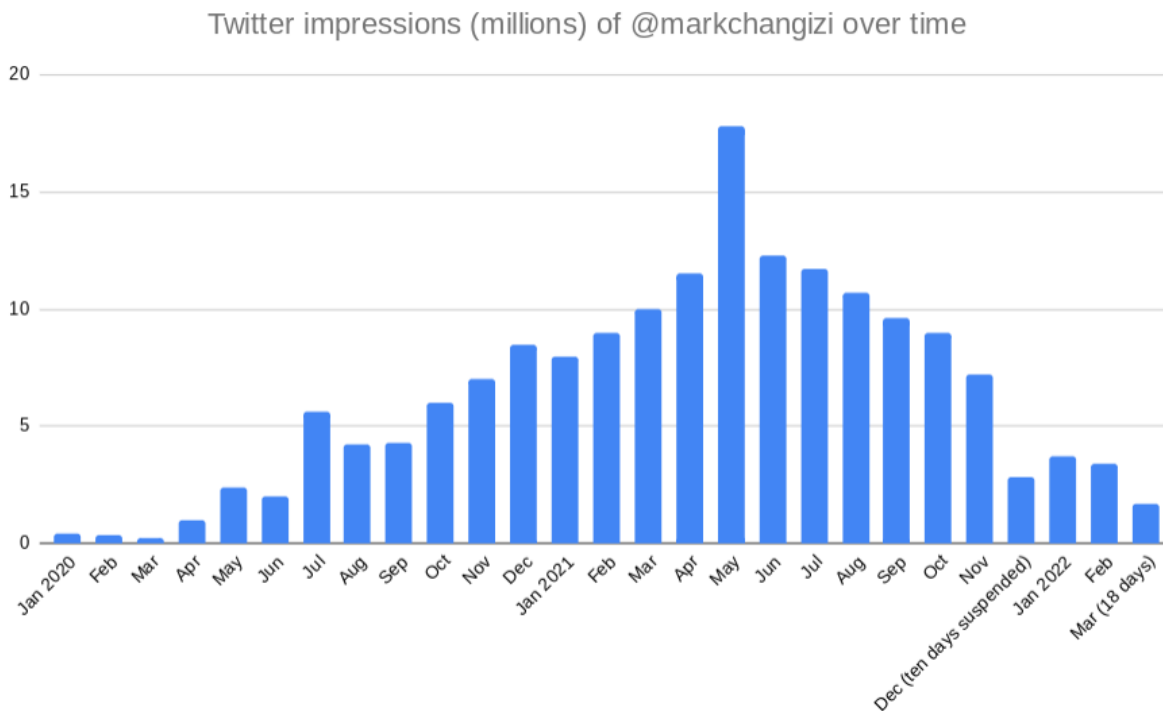
28. By November to December of 2021 others began telling me that my account was being labeled as "sensitive content" (below, left) and my tweets were labeled as sensitive (below, right).



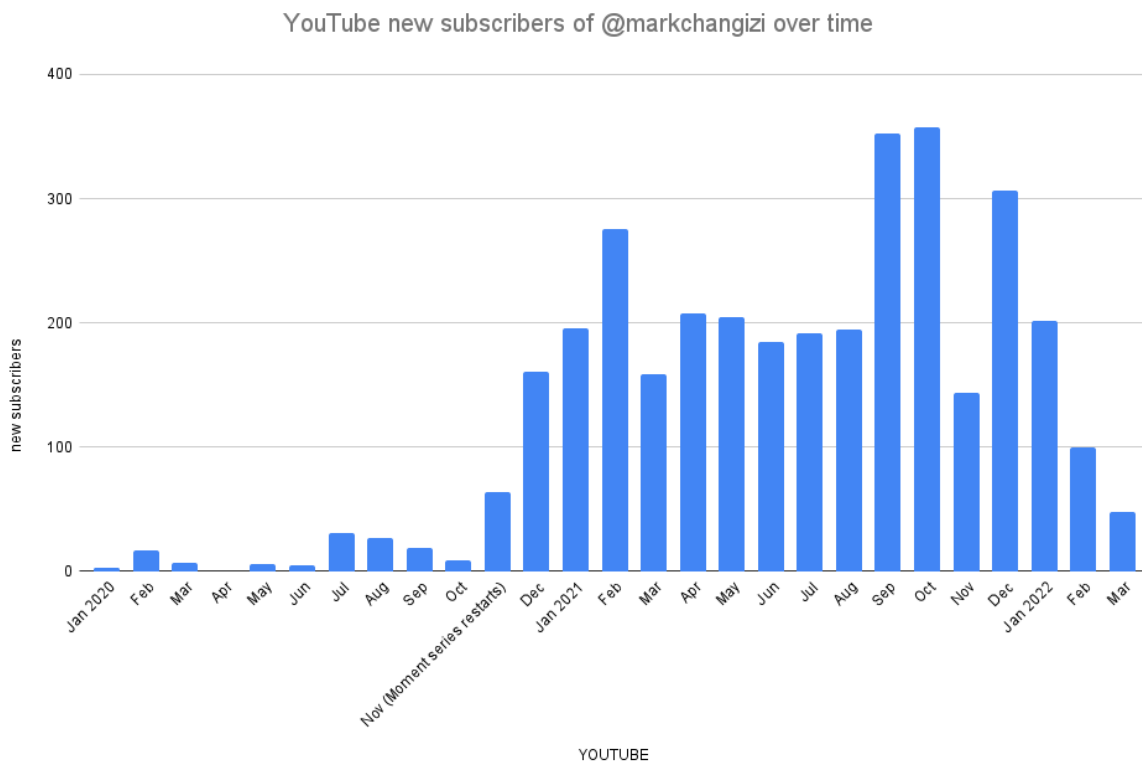
29. Through these (and presumably other in-house mechanisms of censoring my account), my monthly Twitter impressions (the number of times someone sees my posts) precipitously fell, as can be seen below in a graph of monthly impressions from January 2020 until the time of this writing.

30. Although I began noticing my general de-platforming around December of 2021, it had actually begun significantly earlier, around May of 2021 (as can be seen in the graph below). My

activity (number of tweets) did not wane during this period.



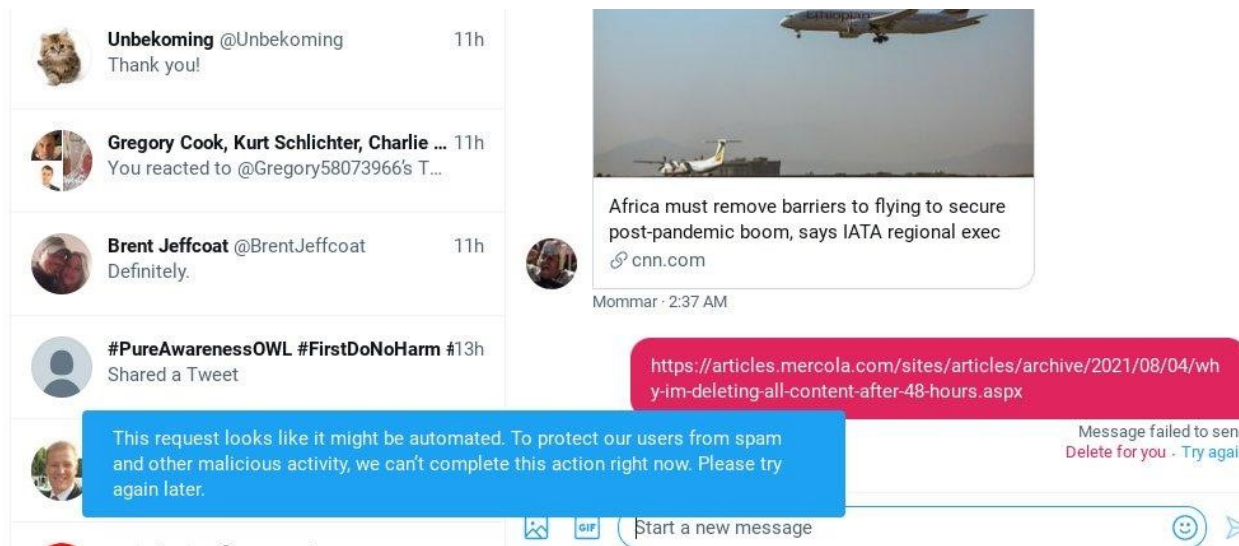
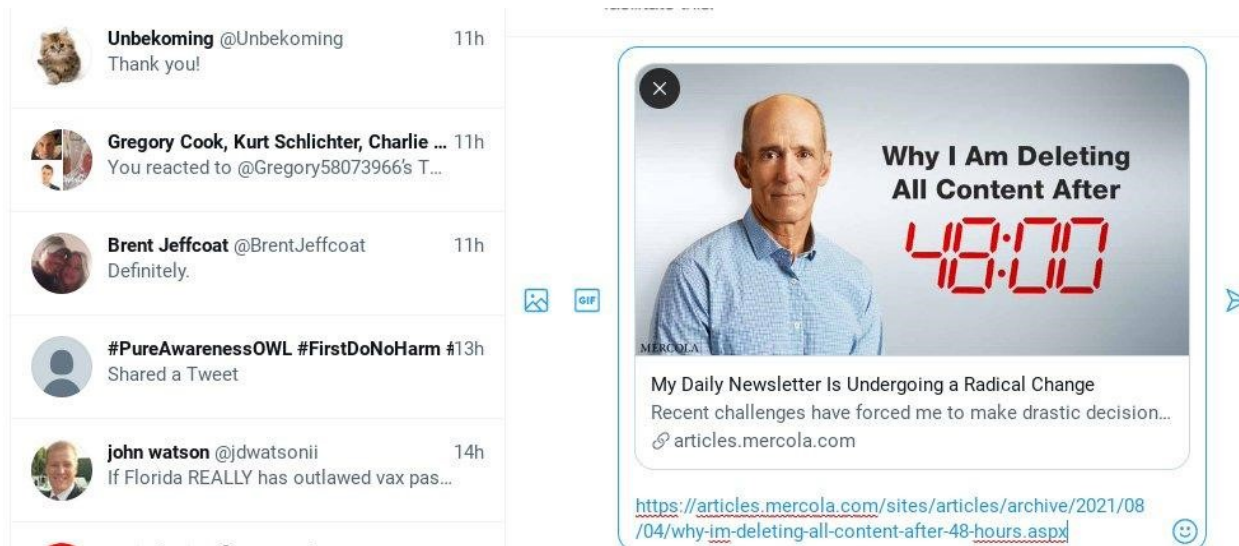
31. My follower-ships at YouTube also plateaued and reversed despite the fact that I was very active, and prior to the censorship period had steadily gained followers (see graph below).



32. Twitter is also censoring my direct messages, which are non-public messages between specific users of Twitter.

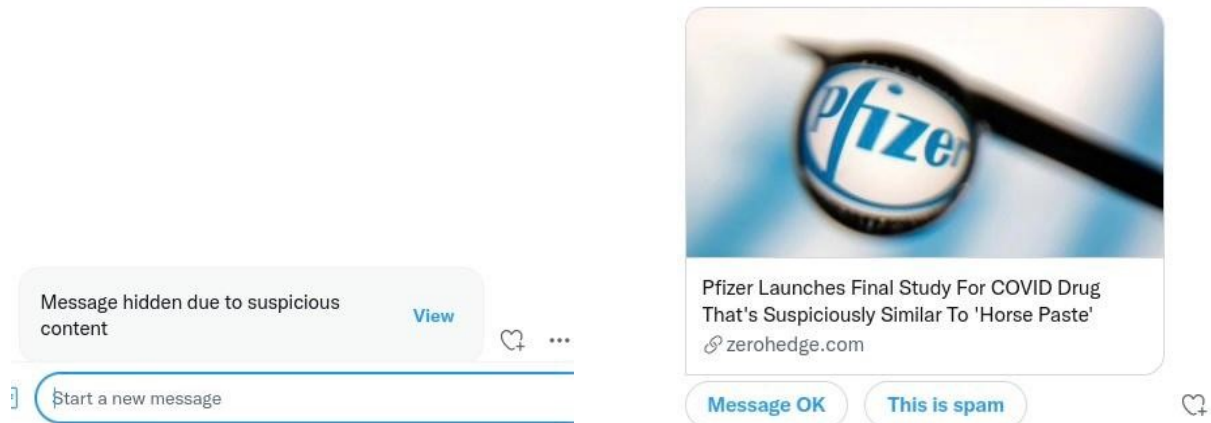
33. The first screenshot below shows my direct message before clicking “send”. The second screenshot shows what one sees after clicking “send”: Twitter prevented me from sending the link, as one can see in the temporary blue message and red “failed to send” state of the DM. This DM

ensorship occurred in early August, 2021.



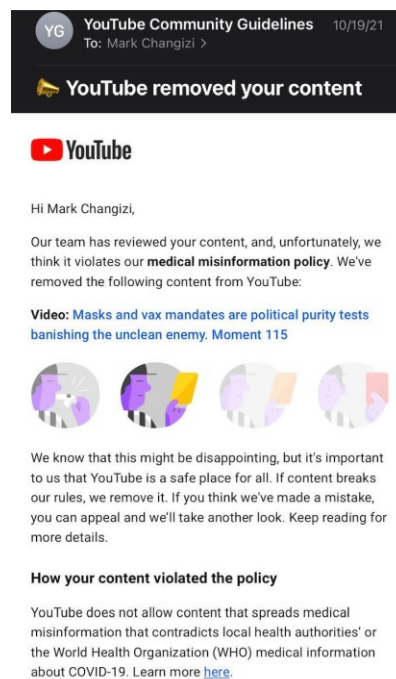
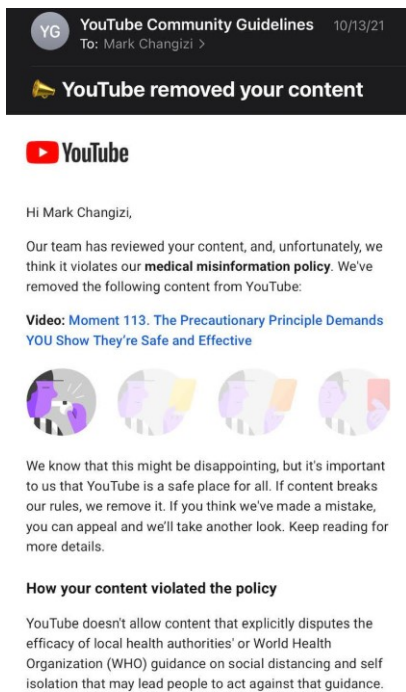
34. Twitter also censors direct messages in a distinct fashion, labeling the message “suspicious” (first image below) and requiring one to click through to see the actual message

(second image). This DM censorship occurred around the first of October, 2021.

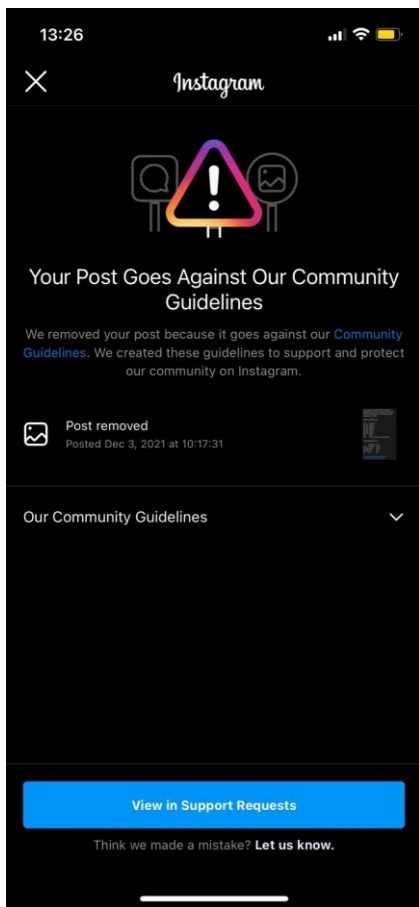


35. Censorship in Twitter’s DMs were a surprise to all of us at Twitter. We had not ever seen censorship among our private messages in the decade plus years before then.

36. Two of my YouTube videos have been censored, one on the meaning of the Precautionary Principle (left), and the other on the evolution of political purity tests (right).



37. One of my posts at Instagram was taken down on December 6, 2021. The post cited the infection fatality rate of Covid for each age bracket, and compared it with that of flu.

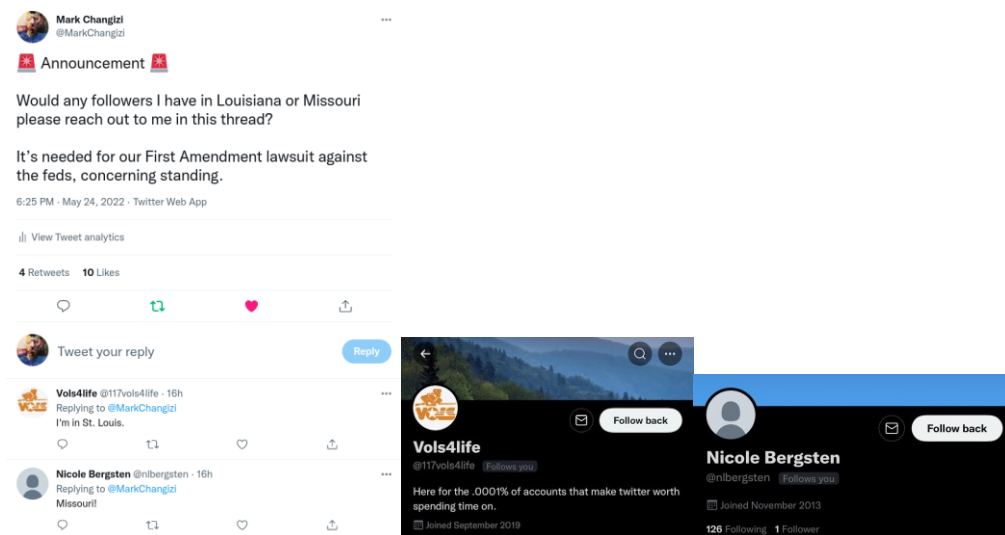


Infection fatality rate

0-19:	0.0027%
20-29:	0.014%
30-39:	0.031%
40-49:	0.082%
50-59:	0.27%
60-69:	0.59%
70+:	5.5%
70+:	2.4% among non-institutional

	COVID19	FLU
0-19:	0.003%	0.01%
20-49:	0.02%	0.02%
50-69:	0.5%	0.1%
70+:	5%	1%

38. I have followers worldwide, including Louisiana and Missouri (see screenshots below).



39. I have become very careful about what I say on Twitter and YouTube (and Facebook and Instagram) to avoid suspension.

40. For example, I never discuss early treatments, as that leads to immediate suspensions.

41. I avoid linking to studies and make very general statements when referring to the vaccines and early treatments, which make my Tweets more difficult to comprehend.

42. I fear engaging with the opposition because angry opponents may report me to Twitter, increasing the chances of suspension.

43. I have documented my belief that the Government is heavily involved in, if not responsible for, big tech censorship.

44. On January 5, 2021 I tweeted that “IT’S ACTUALLY GOVERNMENT CENSORSHIP. Much of the reason why big tech is engaged in censorship is pressure from government itself, and so the premiss [*sic*] at the start of this thread is false. They’re not acting as a private company, but are a de facto arm of the state” (Attachment 12).

45. I tweeted a video of Press Secretary Jen Psaki’s May 5, 2021 speech on that date, and remarked: FREE EXPRESSION ALERT! Amazing! She specifically threatens Big Tech here to censor or risk greater regulation” (Attachment 13).

46. I wrote an article in July 5, 2021 entitled “Big Tech Censorship is Actually Government Censorship.” Available at <https://www.getrevue.co/profile/markchangizi/issues/big-tech-censorship-is-actually-government-censorship-597190>. I cited Jen Psaki’s May 5, 2021 talk, and concluded that “[i]t’s government censorship, plain and simple.”

47. On September 20, 2021 I Tweeted Psaki’s statement that “You shouldn’t be banned from one platform and not others for providing misinformation” and commented “Your federal government who is totally not directing Big Tech censorship and thereby violating the First Amendment” (Attachment 14).

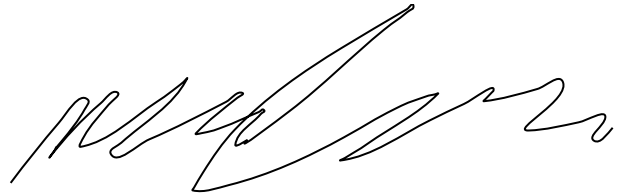
48. I use a wide variety of tech platforms, including Twitter, YouTube, Facebook, Instagram, Google, Signal, Telegram, Messenger, Amazon, Whatsapp, GETTR, Gab, Parler, TruthSocial.

49. I have always been under the assumption that my information is private, and certainly not available to the government without a warrant.

50. Twitter notoriously suspends only those who question the wisdom and efficacy of government restrictions, or who cast doubt on the safety or efficacy of the vaccines.

51. Upon information and belief, there are no examples of Twitter suspending individuals who have spread misinformation from the other side—by, for example, exaggerating the efficacy of masks or the threat the virus poses to children.

I swear or affirm under penalty of perjury that the foregoing is true and correct.



Executed on: May 25, 2022

Mark Changizi

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF LOUISIANA
MONROE DIVISION**

STATE OF MISSOURI *ex rel.* ERIC S.
SCHMITT, Attorney General, and

STATE OF LOUISIANA *ex rel.* JEFFREY
M. LANDRY, Attorney General,

Plaintiffs,

v.

JOSEPH R. BIDEN, JR., in his official
capacity as President of the United States, *et*
al.;

Defendants.

Case No. 3:22-cv-01213

DECLARATION OF DANIEL KOTZIN

1. I, Daniel Kotzin, am over the age of 18.
2. I make this Declaration based on personal knowledge.
3. Prior to my permanent expulsion from Twitter, I had approximately 31,900 followers on Twitter, having created my account in September, 2013.
4. Based on my follower count, it is all but certain that I had multiple followers in all 50 states, including Missouri and Louisiana.
5. In addition to Twitter, I regularly use Instagram, Yahoo, Google, Facebook, Facebook Messenger, Amazon, and LinkedIn.
6. Starting in March of 2020, I tweeted similar content almost every day, in which I criticized the government and society for their responses to covid.

7. For example, on September 27, 2020, I tweeted: “Come on San Francisco! It’s a beautiful day out there. Let’s take the masks off and get outside. Look for me and my kids at the playgrounds. #Resist” (Attachment 1).

8. On October 26, 2020, I tweeted: “We are treating young people not as human beings but as automata. I keep hearing how “resilient” they are. That is what abusers say. They are suffering. We are committing mass, systemic child abuse” (Attachment 2).

9. On December 24, 2020, I tweeted: “Dr Fauci admitted lying to the American people about masks, in order to conserve them for health workers. He has now admitted lying about the herd immunity threshold, so that we would be more likely to get vaccinated. What else is he lying to us about?” (Attachment 3).

10. On February 16, 2021, I tweeted: “Let us not forget that we fight for nothing less than human rights, human freedom, and human dignity. We must resist immunity passports and digital credentials and vaccine mandates and mask mandates and testing regimes and surveillance regimes and digital life and hysteria” (Attachment 4).

11. Before September of 2021, despite my unremitting criticisms of government policy, I was never suspended.

12. I have now been suspended by Twitter four (4) times. The first time for 24 hours, followed by two (2) suspensions for seven (7) days. The final suspension was permanent.

13. The first tweet leading to a temporary suspension, posted on September 24, 2021, read: “There is not now, nor has there ever been, evidence that the Covid shots reduce infection or transmission. Vaccine passports; vaccine mandates; vaccine requirements—they are all an abomination” (Attachment 5).

14. I received an email notification stating that my account had been locked for “violating the policy on spreading misleading and potentially harmful information related to COVID-19.” The email warned that “repeated violations may lead to permanent suspension of your account.”

15. The second suspension occurred on March 7, 2022, just four days after the Surgeon General’s RFI. It read: “It is important to never lose sight of the fact that the global pandemic is ending not because of the vaccines, but because almost everyone on the planet got infected with covid.”

16. After labeling the tweet “misleading,” Twitter again notified me that I had been locked out of my account, this time for seven days, in an email that was identical to the first one (Attachment 6).

17. I was again suspended on April 11, 2022, after the motion for a preliminary injunction in my case against the federal government had already been filed. It was a link to a Substack essay written by my co-plaintiff Michael Senger. My tweet read: “‘The vast majority have realized that every COVID policy—from the lockdowns and masks to the tests, death coding, and vaccine passes—has been one, giant fraud.’ Michael Senger was banned forever by Twitter for writing that, so it must be true.”

18. The email that I received from Twitter once again referred to my tweet as “misleading,” notified me that I was suspended for a week, and threatened me with permanent suspension from Twitter (Attachment 7).

19. The threat materialized when I was permanently suspended on April 29, 2022, one day after testifying under oath about my fear of permanent suspension. The Tweet for which I was

suspended stated: “Myocarditis, pericarditis, blood clots, and strokes are known potential side effects of covid vaccination. That is not my idea of ‘safe’” (Attachment 8).

20. I appealed the suspension on May 2, 2022. To date, I have received no response other than acknowledgement of receipt.

21. Permanent expulsion from Twitter has been devastating for me.

22. I had spent 2 years building my Twitter following. Two years ago, I had fewer than 100 followers, and at the time of my permanent suspension I had nearly 32,000.

23. When my account is suspended, I am unable to communicate with my followers.

24. Permanent suspension of my account has meant the loss of two years of hard work.

25. Based on my observations and extensive Twitter use, many more accounts than usual have been suspended since the Surgeon General’s RFI on March 3.

26. It is often difficult to know when an account has been suspended, because the person who has been suspended is unable to alert their followers. They just disappear.

27. When an account is permanently suspended, everything the person ever wrote is erased and cannot be accessed by anyone.

28. Since the RFI, many of us who are critical of government covid policies have been regulating our speech more carefully than ever, because we have noticed that more of us are getting suspended than ever before, and we don’t want to risk losing our audience.

29. I considered the possibility of “permanent suspension” to be such a devastating prospect that I methodically self-censored.

30. I contrived creative ways to attempt to avoid suspension, for example by using hypotheticals and phrasing statements in question form.

31. Although I believe that I have valuable information, insights, and opinions to share on the subjects of vaccines, who is most at risk from a covid infection, and the deference due to public health officials, I severely limited what I said and how I said it in a futile effort to avoid permanent suspension.

32. Based upon my observations and extensive Twitter use, there are no examples of Twitter suspending individuals who have spread factually incorrect information that supports government policies by, for example, exaggerating the threat the virus poses to children or the effectiveness of masks or vaccines.

33. Twitter suspends only those who question the wisdom and efficacy of government restrictions, or those who cast doubt on the necessity, safety or efficacy of the vaccines.

34. If all or almost all suspensions are targeted at critics of the government and government policies, and no or almost no suspensions are targeted at purveyors of factually incorrect information, then it is not “misinformation” that is being censored, but criticism of the government.

35. Since the Surgeon General’s Request for “health misinformation” in March I have been suspended four times by Twitter, and have now been permanently banned. I am frightened that the government wants to punish me, personally, for things that I have already written. Perhaps things that I wrote prior to the loss of my account will be used to give the government a pretext to place me on some sort of Enemies List.

36. In order to open my account, I was required to give Twitter extensive personal information. I have never agreed to turn that information, or indeed any of the information that I have shared with or on Twitter, over to the government.

I swear or affirm under penalty of perjury that the foregoing is true and correct.

Dated: 5/26/2022

Signed: Wen 

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF LOUISIANA
MONROE DIVISION**

STATE OF MISSOURI ex rel. ERIC S.
SCHMITT, Attorney General, and

STATE OF LOUISIANA ex rel. JEFFREY
M. LANDRY, Attorney General,

Plaintiffs,

v.

JOSEPH R. BIDEN, JR., in his official
capacity as President of the United States, *et*
al.;

Defendants.

Case No. 3:22-cv-01213

DECLARATION OF A.J. KITCHEN, AKA "A.J. KAY"

1. I, Amanda J. Kitchen, publicly known by my pen name "A.J. Kay," am over the age of 18.
2. I live in Phoenix, AZ.
3. I have multiple Twitter followers who reside in Louisiana and Missouri.
4. I make this declaration based on personal knowledge.
5. I am a professional writer and editor.
6. I have been repeatedly censored by various online platforms since September of 2021, and once was censored by Medium in April of 2020.
7. I began writing narrative non-fiction and project journalism for Medium.com in April 2018. My body of work included 85 published articles, three home/front page featured pieces "Top Writer" designation in multiple categories, an audience of several thousand paid

followers, and provided me with supplemental income ranging from several hundred to several thousand dollars per month. I also wrote for six of the platform's distributed publications.

8. On April 4, 2020, I published a piece entitled "The Curve is Already Flat: Evidence suggests that COVID-19 was here in November" in which I analyzed publicly available CDC Influenza-like illness data and posited the theory that the presumed seed date for COVID-19 was wrong.

9. On April 6, 2020, Medium.com removed the article from its site, claiming that it included "Health claims or advice which, if acted on, are likely to have detrimental health effects on persons or public safety."

10. The piece included no health claims and no advice. This excerpt is the closest approximation to that claim:

We have been too busy shaming our neighbors for getting fresh air and hoarding toilet paper to consider that we are being driven by fear, not fact and that doing so has shut down our ability to recognize inconsistencies and look for answers. Instead, we call anyone who questions the "sky is falling" narrative selfish, stupid, and irresponsible because aligning with the prevailing moral outrage renders us impervious to criticism.

We are Americans. We are innovative, resourceful, diverse, and dynamic. We are capable of addressing both the lethality of COVID and our economic stability. We are capable of protecting the sick and the vulnerable without requiring the world to come to a standstill with no idea how to restart it.

The most valuable tool we need to perform metaphorical surgery on this outbreak is accurate information. And to get that information, we have to be open to the idea that some of our fundamental assumptions about COVID-19 are wrong.

11. Since then, the theory I proposed has become widely accepted as true.

12. I appealed to Medium.com editors in May of 2020 and published an open letter to the platform requesting reinstatement. I did not receive a response.

13. The Medium.com censorship prompted me to become active on Twitter, on which I began posting regularly in April 2020.

14. I used the account exclusively to criticize and contradict what I believe were ill-conceived COVID-related policies and restrictions, including those instituted by the US Government.

15. I published two more COVID-related pieces in June and October 2020. One, “Lockdowns are Killing More People than COVID“ was originally published by Colonel Randall Larsen, USAF (ret), the national security advisor to the Johns Hopkins Center for Biosecurity, on his website, *A Good War*, and republished on Medium.com. The other, “How Would You Spend Your Last Thanksgiving?” was published on Medium.com and then linked and quote-tweeted by Dr. Scott Atlas which caused it to go viral.

16. On July 25, 2021, I published a piece entitled “Childhood, Interrupted: Ruining young lives will not quell our existential fears.” It was the first article I had published on Medium.com since October 2020.

17. I cited and linked all factual claims made in the piece. However, it was primarily an opinion article expressing my personal views, e.g.

Children's value—which was once predicated on their role as the literal future of humanity— has been perverted, now centering on their utility as shields for the elderly.

The natural arc of life has been willfully set aside. It's a world I no longer recognize—an aberration of values and theft from the young that I will never support.

Recognizing that impoverished and disabled children would bear the greatest brunt did not require an MPH or a Ph.D. in epidemiology. It was easy to see that, without the resources to purchase individually-tailored, hand-delivered alternatives, non-wealthy children would simply have to do without ... access to the single-greatest external factor influencing socioeconomic mobility: an education.

I believed there was no conceivable way we would let millions of children fall through the cracks of the very system designed to support them. And yet, restrictions not only persisted, they intensified.

The message to the children came through loud and clear: *'Your role as a disease vector is central in this new schema—rising above all else—and your opportunities must be severely restricted to keep adults safe.'*

And how long do we expect children to endure the message that *they* are responsible when their elders die before they begin to internalize that guilt, shame, and self-loathing?

Dismissing their suffering doesn't fix it—it only silences children's pain so that adults are spared the guilt of hearing it.

Regardless of what this virus—or any other virus/crisis/tragedy—brings, if we do not course correct and put our children first, the circle of life will be fractured. And that may ultimately leave humanity with no future to protect.

18. On September 7, 2021, I received an email from “Medium Trust & Safety” that my entire account was being removed from the platform “due to the elevated risk of potential harm to persons or public health.”

19. Of the 85 published articles I authored that Medium.com deleted, 78 addressed topics unrelated to Covid.

20. Medium.com was a source of supplemental income for me for the 3.5 years I published there. My articles were widely republished and linked back in various online publications and blogs, and I lost them all when my account was deleted. It was a significant professional setback.

21. On April 13, 2022, in response to the CDC’s decision to extend the TSA mask mandate on public transportation, I opened an online store at www.masksarenonsense.com called “Protest Masks,” featuring my own designs on cloth masks.

22. On April 14, 2022, my Shopify Account, which hosted “Protest Masks” was suspended, and my store URL was deactivated.

23. The designs broke none of the platform’s COVID-19 related product rules, which included:

- No price gouging

- No unsubstantiated medical/scientific claims
- No products claiming to prevent/treat/cure COVID-19
- No violation of laws
- No licensing violations
- No selling of regulated products
- No non-delivery

24. The masks were intended to provide travelers with a way to peacefully protest the TSA public transportation mask mandate and the designs consisted of:

- “Fire Fauci”
- “Pro-Science/Anti-Mask”
- “Ask me about radically behaving particulates”
- “This is nonsense”
- “It has to go somewhere”
- “Mandated facial decoration”
- “Focused emission plumes”
- “Facts > Fear”
- “Feel better? Because that's the only thing this mask does”
- an image of an open-source CDC chart - with attribution - showing no difference in cases in areas with mask mandates.

25. Upon tweeting about the store deletion and emailing their Customer Service team requesting reinstatement, roughly 18 hours post-deletion, a Shopify Risk Management representative wrote to notify me that they had reinstated my account, that my billing information must be re-entered, and apologized for any inconvenience. They did not explain to me why my store had been pulled down.

26. On May 4, 2022, my Twitter account was suspended. Twitter cited the offending tweet as last in a 12-tweet thread posted on April 14 about my Shopify store closure and potential reinstatement required me to delete the tweet.

27. My suspension lasted 12 hours past the moment I deleted the tweet.

28. Twitter claimed I was being suspended for "Violating the policy on spreading misleading and potentially harmful information relating to COVID-19".

29. This was the offending tweet:

And then nothing related to Covid would happen because masks don't work, and the entire farce would be laid bare. And they

can't have that, now can they? This is about control; getting you to go along with the lies. 'Censorship is the tool used when the lie loses its power.'

30. For context, the tweet before it (#11) stated,

Bottom line: They don't want you to show up at the airport with a mask that lets people know you oppose them. Other people might join you. And then more. And then people might refuse to wear them en masse. And they'd have a civil rebellion on their hands...

31. Authors' livelihoods depend on their ability to build an audience, and social media is integral to that process in the digital age.

32. I have accumulated 44,000+ Twitter followers since early 2020, more than half of whom began following me after my Medium.com account was suspended in 2021.

33. Since my Twitter suspension, my account has lost substantial engagement, and my profile, tweets, and replies have been hidden in various ways from public view, including reply deboosting and shadowbanning, which is an internal process through which Twitter obscures selected accounts and hides them from view.

34. My Twitter account is currently shadowbanned and my engagement is at the lowest level I can recall in the last two years.

35. I have self-censored my tweets in the interest of preserving my Twitter account.

36. I use a variety of tech platforms including Facebook, Instagram, YouTube, SquareSpace, WordPress, SubStack, Yelp, Quora, EventBrite, Evite, Google, Signal, Telegram, Pinterest, NextDoor, Amazon/AWS, WhatsApp, Grammarly, and Pocket.

37. I have always believed that my information was protected and private.

38. Suspension of my Twitter account would result in yet another setback to my writing career.

I declare under penalty of perjury that the preceding declaration is true and correct.

Executed On: June 1, 2022

/s/ Amanda J. Kitchen

Amanda J. Kitchen

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF LOUISIANA
MONROE DIVISION**

STATE OF MISSOURI ex rel. ERIC S.
SCHMITT, Attorney General, and

STATE OF LOUISIANA ex rel. JEFFREY
M. LANDRY, Attorney General,

Plaintiffs,

v.

JOSEPH R. BIDEN, JR., in his official
capacity as President of the United States, *et*
al.;

Defendants.

Case No. 3:22-cv-01213

DECLARATION OF JILL HINES

1. My name is Jill Hines. I am over 18 years of age and competent to testify about the matters discussed herein.

2. I am a Co-Director of Health Freedom Louisiana, a consumer and human rights advocacy organization. Because our organization recognizes the need to educate and inform the public of their rights regarding state and federal laws concerning vaccinations, we have experienced social media censorship of our speech regarding vaccine information. We have approximately 13,000 followers each on Health Freedom Louisiana and Reopen Louisiana.

3. My organization engages in public advocacy on behalf of Louisiana citizens on issues of health freedom and fundamental human rights. I have testified before the Louisiana legislature approximately 20 times on such issues.

4. Among other things, we have advocated against the imposition of mask mandates on children, especially during prolonged periods, as in schools. As I testified before the Louisiana

legislature, as a human rights advocate, the issue of lack of safety studies on the long-term mask use in children has been of tremendous concern to us. We have submitted requests of the Board of Secondary and Elementary Education (BESE), Louisiana Department of Health, and the CDC requesting the evidence of safety of long-term mask use in children. No agency has been able to fulfill that request and of course, we knew before we asked that there are no such studies. The imposition of an untested, unproven medical intervention on a weaker demographic of society is a human rights violation.

5. In February 2019, Congressman Adam Schiff sent a letter on congressional letterhead to Mark Zuckerberg, Chairman and Chief Executive Officer of Facebook, inquiring about the steps being taken to address the growing threat of “vaccine misinformation.” We pride ourselves in always providing well cited, accurate information. Many similar threats from federal officials followed Congressman Schiff’s letter, especially as covid became a public concern. In the last two years, any information that was not positive in nature or conveyed adverse events associated with shutdown or mitigation efforts was deemed “misinformation.” Dr. Anthony Fauci has used the term repeatedly and it has been adopted by the press and media. Even our governor and state’s public health officer used the term after a particularly contentious hearing in December 2021.

6. As covid became a concern in the U.S. in early 2020, and the human rights violations began to accumulate, I knew that Health Freedom Louisiana had to expand our cause to encompass the concerns of ever-growing government overreach. I launched a grassroots effort called Reopen Louisiana on April 16, 2020 to help expand our reach on social media and take on the issues surrounding the continued government shutdown. It is very much a human rights issue for the government to limit an individual’s access to their business and prohibit them from making an income to support and feed their family.

7. The overreach issues grew almost daily, and I took on the task of challenging the covid narrative relayed from the Louisiana Governor's office and the Louisiana Department of Health. Louisiana had implemented a statewide mask mandate in July 2020. The mask mandate was a serious concern. We had compiled a 10-page document of mask studies and had serious concerns about the lack of safety studies, particularly for children. At the time, we used social media exclusively as a means of coordinating rallies, protests, and testimonies at legislative hearings.

8. By October 2020, when our page started receiving significant hits from "fact checkers" and "warnings" from Facebook, our analytics showed that we were reaching approximately 1.4 million people in a month's time on one of our Facebook pages, but after sharing photos of the mouths of children suffering from impetigo from long-term mask use, our page received a warning and our reach was reduced to thousands.

9. This began a long series of attempts to censor our posts on Facebook and other social-media platforms. Posts pointing to lack of safety of masking were and are targeted, as well as articles that mention adverse events of vaccinations, including VAERS data. I was completely restricted from Facebook for 30 days starting in January 2022 for sharing the image of a display board used in a legislative hearing that had Pfizer's preclinical trial data on it. The most recent restriction, in late May 2022, was for re-posting an Epoch Times article that discussed a pre-print study detailing increased emergency calls for teens with myocarditis following covid vaccination.

10. One post in particular that was hit with a "community standards" warning on October 6, 2020, was a "call to action" asking people to contact their legislators to end the governor's mask mandate. On the same day, we were asking people to testify during the Legislature's Second Extraordinary Session regarding a bill, House Bill 49,¹ that would prohibit a covid vaccine

¹ <https://legis.la.gov/legis/BillInfo.aspx?s=202ES&b=HB49&sbi=y>

employee mandate. I was prohibited from posting for 24 hours on all pages, including my own. When I was finally able to post again, our reach was significantly diminished, compared with our 1.4 million per month rate beforehand. Our page engagement was almost non-existent for months. It felt like I was posting in a black hole. Each time you build viewership up, it is knocked back down with each violation. Our current analytics show Reopen Louisiana is reaching around 98,000 in the last month and Health Freedom Louisiana is only reaching 19,000. There are warnings when you search for Health Freedom Louisiana. People that regularly interacted with our page were never heard from again. Some people who did find the page later on, asked us where we went.

11. Over the last year and a half since we noticed social-media censorship beginning in October 2020, my pages have been hit with numerous “fact checks” and “community standards” violations. Articles with health concerns related to mask wearing have been targeted, one in particular was from the website, The Healthy American, as well as articles relating to pregnant women being vaccinated. Pregnant women receiving a covid vaccine was a significant concern of ours considering pregnant women were not included in the preclinical trials but they were included in the vaccine mandate. That is a significant human rights violation. We had one post concerning a study with pregnant women that received a fact check. Data taken directly from VAERS was flagged as misinformation and we received “fact checks” for that as well, even if it contained a disclaimer about causation.

12. My personal Facebook page, and the Facebook pages of both Health Freedom Louisiana and Reopen Louisiana, are all under constant threat of being completely deplatformed. My personal account is currently restricted for 90 days. On many occasions, I have altered the spelling of words, used emoji’s, or placed links in comments to avoid censorship.

13. In addition, two of our Facebook groups were completely deplatformed, effectively disbanding a group of more than two thousand people who were organized to engage in direct advocacy to our state legislature, on two separate occasions. There were two groups that were deplatformed: HFL Group and North Shore HFL. HFL Group was our initial closed group that required people to answer questions to gain entrance. It was deplatformed in July of 2021. We had an existing state regional closed group called North Shore HFL that we tried to move our members to, but even with using emoji's for masks and shots, and not putting links to articles in posts, it was only used for about 4 months before it was deplatformed as well in September of 2021. HFL Group had almost 2,000 people, and North Shore HFL had less than 500 before it was taken down.

14. The last post I made in our HFL Group on July 13, 2021, was a "call to action" for the upcoming Veto Session, asking people to contact legislators regarding health freedom legislation. During the regular legislative session, we had two bills that were passed successfully, but both were vetoed by the governor, including a hugely popular bill that prohibited the addition of vaccine information on a state issued driver's license. The other bill provided immunity from liability for businesses that did not impose a covid vaccine mandate. Removing our closed group at such a crucial time effectively stopped our ability to communicate with our representatives in the state legislature.

15. After North Shore was deplatformed, we looked for alternatives for daily communication. We were to the point of speaking in code on Facebook, so moving away from traditional social media was the only option. We currently have 80 members in a chat app called GroupMe. We have no statewide reach with that tool.

16. It has been incredibly frustrating knowing that the government's narrative is going unchallenged and that we have not been able to effectively communicate with people. Knowing that government agencies colluded with Facebook to suppress the messaging of groups like mine while paying exorbitant amounts to promote vaccinations and covid policies has been especially disheartening. To say the cards are stacked against me is an understatement.

17. It is a serious concern that speech in direct opposition to government policy was suppressed. The ability to voice concern or opposition to government policy is a bedrock of our country. We should all be concerned that while we MAY agree with current government policy, it only takes an election for that to change.

I swear or affirm under penalty of perjury that the foregoing is true and correct.

Dated: June 9, 2022

Signed: /s/ Jill Hines

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF LOUISIANA
MONROE DIVISION**

STATE OF MISSOURI *ex rel.* ERIC S.
SCHMITT, Attorney General, and

STATE OF LOUISIANA *ex rel.* JEFFREY
M. LANDRY, Attorney General,

Plaintiffs,

v.

JOSEPH R. BIDEN, JR., in his official
capacity as President of the United States, *et*
al.;

Defendants.

Case No. 3:22-cv-01213

DECLARATION OF ASHLEY BOSCH

1. My name is Ashely Bosch. I am over 18 years of age and make this declaration based on my personal knowledge and experience.

2. I am a Communications Officer for the Louisiana Department of Justice, where I have been employed part-time and full-time since May 20, 2019.

3. In my position, I monitor and update the Department's social media accounts. I work hard to ensure the information we provide to the public is distributed accurately, quickly, and effectively. For me to communicate with the people we serve, it is very important for me to understand their actual concerns.

4. Part of my job is to gather and synthesize topical subject matters that are important to Louisiana citizens, on behalf of the Department. Understanding what subject matters and issues are important to Louisianans is critical for the Department to formulate policies and messaging that will address the concerns expressed by our constituents. Not only is this information gathered

from traditional forms of communication such as mail, email, and phone calls to the Department; but this also includes monitoring activity and mentions on social media platforms, including Facebook, Instagram, Twitter, and YouTube.

5. Issues regarding COVID-19 responses and election security and integrity have been very important to Louisianans in recent months and years. For example, mask and vaccine mandates for students have been a very important source of concern and public discussion by Louisiana citizens over the last year. It is very important for me to have access to free public discourse on social media on these issues so I can understand what our constituents are actually thinking, feeling, and expressing about such issues, and so I can communicate properly with them.

6. Online censorship of Louisiana citizens by social media companies interferes with my ability to follow Louisianans' speech on these issues. For example, public comments questioning the efficacy of mask mandates have been widely censored on social media. This censorship directly interferes with my ability to follow and understand Louisiana citizens' concerns about mask mandates and other issues that are subject to social-media censorship.

7. Such social media censorship has directly affected Louisiana Department of Justice. For example, on August 18, 2021, YouTube censored our Department's video of Louisiana citizens expressing their opinions on the government's responses and proposals to COVID-19. We posted a video of Louisiana constituents who came to the State Capitol to testify and made comments critical of the efficacy of COVID-19 vaccines and masks and of government mandates—resulting in YouTube removing the content from their platform. We received a notice stating that the video we had posted supposedly violated YouTube's "medical misinformation policy." The notice stated that "YouTube does not allow content that spreads medical misinformation that contradicts' local health authorities' or the World Health Organization (WHO) medical information about COVID-

19.” The same email stated that any additional strike would result in a one-week suspension. With the threat of YouTube suspending our account, we were forced to not pursue a challenge further and to be careful about future content posted on YouTube.

8. Such censorship has also directly affected many other Louisianans, including elected officials and others whose concerns it is important for me to follow on social media. For example, Health Freedom Louisiana—a consumer and human rights advocacy organization—has experienced numerous cases of censorship as it has challenged the efficacy of COVID-19 vaccines and masks and of government mandates.

9. As another example, a Louisiana state representative had content he posted flagged as misleading and de-boosted by Facebook for violating its medical misinformation policy. The censored post merely restated guidance from the World Health Organization’s website about whether children should receive COVID-19 vaccines.

10. Louisianans’ speech about the efficacy of COVID-19 restrictions, and speech about issues of election security and election integrity are matters of great interest and importance to me in my work on behalf of the Louisiana Department of Justice. When such speech is censored on social media, it makes it much harder for me to do my job and to understand what Louisianans really are concerned about.

11. Because much content is blocked before I ever see it, I will never know exactly how much speech by Louisianans on social media never reaches my eyes because it is censored in advance, or as soon as it is posted. But based on publicly available examples, it is clear that online censorship has blocked me from receiving and reviewing many important expressions of Louisiana citizens’ concerns about issues of public importance. This censorship directly interferes with the ability of the Louisiana Department of Justice to serve our State’s citizens.

I swear or affirm under penalty of perjury that the foregoing is true and correct.

Executed on: June 14, 2022

Signed: /s/ Ashley Bosch

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF LOUISIANA
MONROE DIVISION**

STATE OF MISSOURI ex rel. ERIC S.
SCHMITT, Attorney General, and

STATE OF LOUISIANA ex rel. JEFFREY
M. LANDRY, Attorney General,

Plaintiffs,

v.

JOSEPH R. BIDEN, JR., in his official
capacity as President of the United States, *et*
al.;

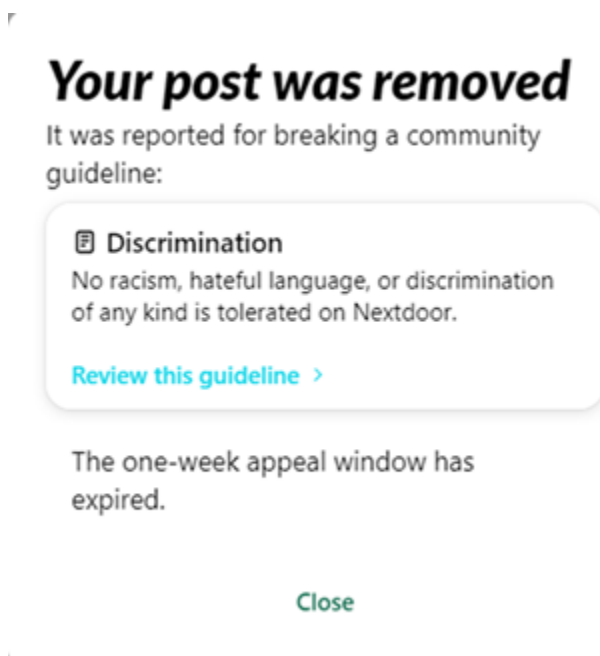
Defendants.

Case No. 3:22-cv-01213

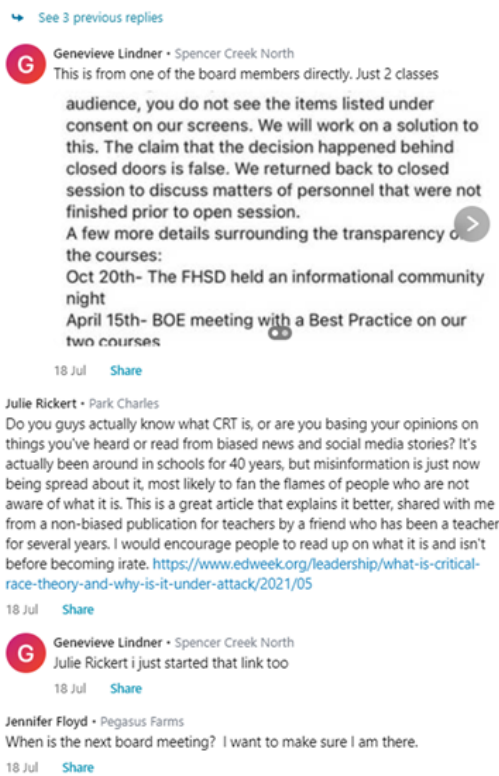
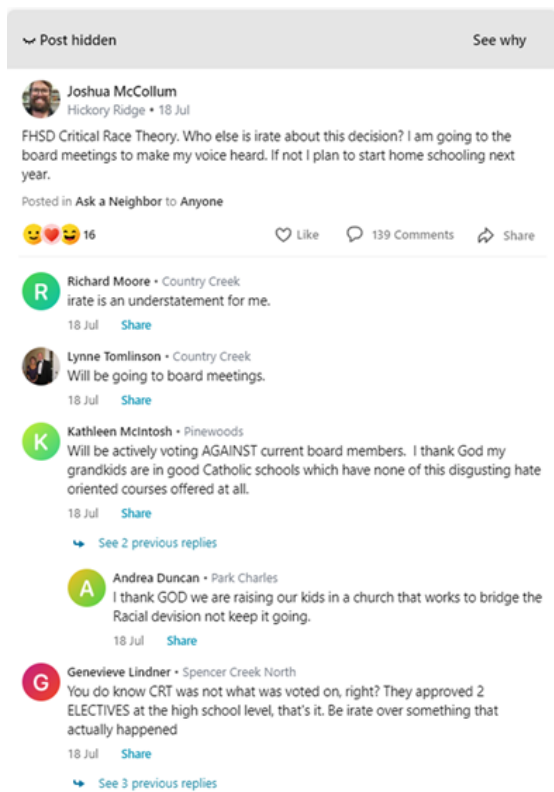
DECLARATION OF JOSHUA MCCOLLUM

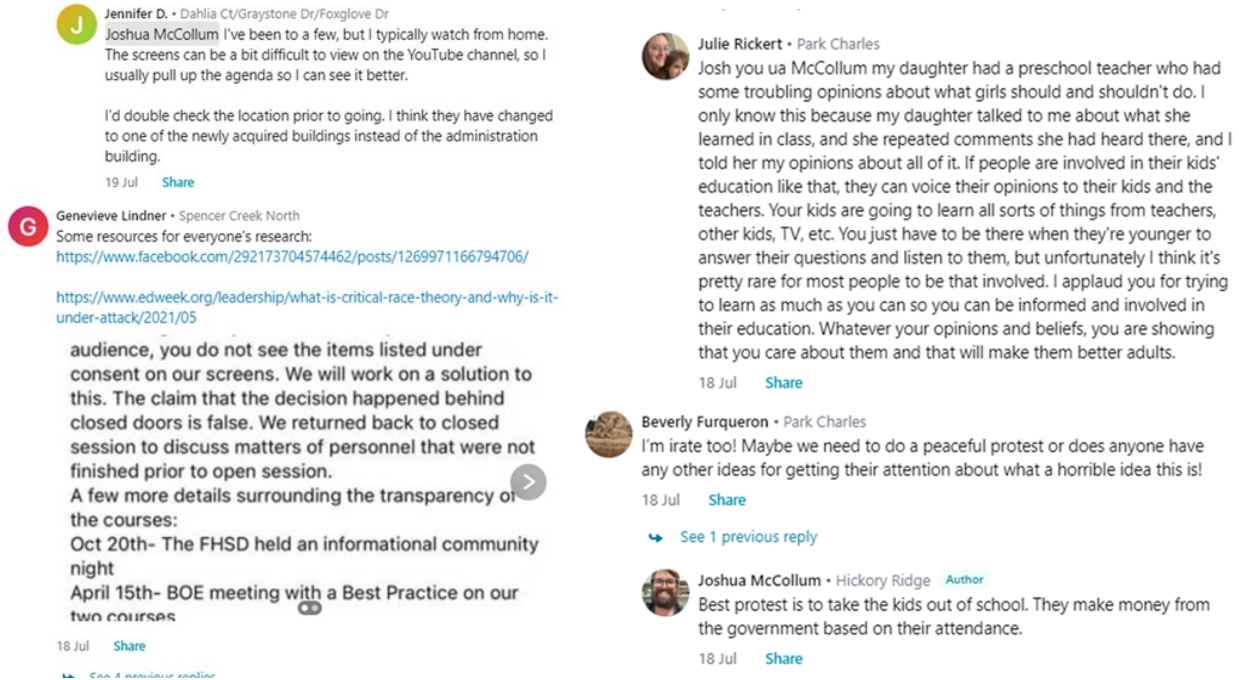
1. I, Joshua McCollum, am over the age of 18 and competent to testify to the matters asserted herein.
2. I reside in St. Charles, Missouri, in the Francis Howell School District (“FHSD”), and am a parent of school-aged children.
3. I make this declaration based on personal knowledge.
4. In July 2021, as a concerned parent of a child in the FHSD, I became aware of changes FHSD was making regarding Critical Race Theory (“CRT”). Specifically, I became concerned that the curriculum writing team at FHSD was consulting an outside expert, Dr. LaGarrett King, to write a CRT-based curriculum and was strategizing how they might bypass parent concerns and hide the content of the curriculum from parents in a push for “social justice.”
5. I posted a discussion of these issues and my concerns on the social media platform Nextdoor in July 2021.

6. Nextdoor subsequently closed down my posts due to “discrimination” or “hate speech” (below), neither of which I made in the posts.



7. In fact, I failed to notice anything that was majorly concerning in the thread (below):





8. I became aware of a video on Rumble based on content obtained from publicly available sources and Missouri Sunshine Law requests regarding footage of a Zoom meeting between Dr. King (and proponents of implementing CRT) and teachers of FHSD, which supported my concerns. My posts linking to this video were closed by Nextdoor.

9. On or about July 28, 2021, in the midst of discussing with others a recent school board meeting related to masks, and whether FHSD would keep its policy of optional masking versus change their policy to mandatory masking, I decided to launch an online petition to encourage the board members to keep their optional masking policy and *not* change to mandatory masking.

10. I posted this petition on change.org, a platform designed for online petitions, and it received as many as 280 signatures.

11. The posting of this petition on change.org was the beginning of the shadow-banning and blocking of my Nextdoor account.

12. After I started to share my online petition link on Nextdoor, I noticed that when I posted about the masking issue, I received no comments on my posts, whereas before I had been getting

comments very quickly, within five to ten minutes. I have an acquaintance who posted about the issue on his Nextdoor account, and he was receiving comments.

13. I also noticed if I posted the same link to the petition, but hid the “change.org” domain, my post would receive replies, as if Nextdoor were filtering this domain. However, shortly thereafter, my post would then be closed again within a few hours.

14. On August 6, 2021, my Nextdoor account was banned for one month due to “spreading misinformation.”

15. Subsequently, on August 12, 2021, FHSD decided to reinstate their mandatory masking policy, shortly after the voice of myself and the 280 fellow petition signers was suppressed.

16. There were petitions encouraging reinstatement of mandatory masking, but our contrary petition was suppressed by Nextdoor.

17. I am a parent simply trying to have a voice in my local school district and its policies regarding my own children, but social media has stooped down to censor even my voice within my local community.

I swear or affirm under penalty of perjury that the foregoing is true and correct.

Dated: June 8, 2022

Signed: /s/ Joshua McCollum

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF LOUISIANA
MONROE DIVISION**

STATE OF MISSOURI *ex rel.* ERIC S.
SCHMITT, Attorney General, and

STATE OF LOUISIANA *ex rel.* JEFFREY
M. LANDRY, Attorney General,

Plaintiffs,

v.

JOSEPH R. BIDEN, JR., in his official
capacity as President of the United States, *et*
al.;

Defendants.

Case No. 3:22-cv-01213

DECLARATION OF JESSICA MARIE GULMIRE

1. I, Jessica Marie Gulmire, f/k/a Jessica Marie Baumgartner, am over the age of 18 and competent to testify about the matters discussed herein.

2. I am publicly known under the name Jessica Marie Baumgartner, my previous married name, as my writing career began under that name.

3. I reside in Missouri and was a freelance journalist for The Epoch Times, an independent news media company covering 21 languages and 33 countries around the world. Our national and international reach encompassed audiences in Missouri and Louisiana.

4. The Epoch Times was founded in the United States in 2000 by Chinese-Americans who had fled communism and censorship, and the company has received numerous awards, including from the New York Press Association, the Society of Professional Journalists, and the Society for News Design.

5. My professional journalism experience includes pieces for Evie Magazine, The New American, American Thinker, The St. Louis Post-Dispatch, and many more publications, and I have authored multiple books.

6. I make this declaration based on personal knowledge.

7. I have been censored numerous times by Facebook and Twitter even before I joined The Epoch Times in the summer of 2021.

8. My personal posts regarding excessive COVID-19 measures and regarding the election were repeatedly flagged and taken down by Facebook and Twitter, and I became so frustrated that I deleted my accounts on those platforms in August of 2020, even though many publishers require a presence on those sites in order to obtain further writing assignments.

9. My career progressed towards journalism in early 2021, but in so doing, I found my professional work being censored as well.

10. After joining The Epoch Times, I broke a story on July 9, 2021 using leaked documents entrusted to me by a retired nurse. The story was entitled “Nurse Blows the Whistle on the Medical Industry: ‘They’re Not Offering Informed Consent’”.

11. The nurse confided that she left the profession early, at a young age, because she could not in good conscience work in the medical industry while witnessing various inconsistencies regarding how the COVID-19 pandemic was handled. She provided numerous documents from the hospital she worked for which displayed proof of many concerning issues, including that the COVID-19 vaccine had never been tested on pregnant women but that the hospital encouraged doctors to advise pregnant women to get the experimental shot and administer it to them.

12. The article went viral as soon as it was published, but shortly after, I learned that Facebook was labeling it as “misinformation.”

13. Since then, Pfizer documents have been released showing a significant number of pregnant women were reported to have experienced miscarriage after receiving the vaccine, and I am left to wonder how many of the babies would have survived if my article had not been suppressed.

14. On August 4, 2021, I released a story entitled “Missouri Parents Censored Online for Opposing Mask Mandates in School” involving two Missouri parents who had been censored online for opposing mask mandates. One of these parents was Mr. Joshua McCollum.

15. I interviewed Mr. McCollum. He had posted to social media platform Nextdoor about opposing mask mandates and had created a petition to prevent a local school district in St. Peters, Missouri, from implementing mask mandates for children who have reportedly experienced developmental delays and health problems due to prolonged masking in schools.

16. Mr. McCollum’s posts were not seen by friends and family on Nextdoor, and when I tried to share his petition, a warning was issued.

17. I have written eleven articles between February and September 2021 for American Thinker and discovered that Pinterest would not allow any work from that site to be posted or shared; it was completely banned. The articles included opinion pieces about mask mandates, vaccines, lockdowns and mental health, as well as alleged privacy abuses by Facebook and Twitter.

18. In March 2022, I went to support the People’s Convoy when the peaceful truckers’ protest came through Cuba, Missouri. It was such a notable event that I wrote an article on it for The Federalist, “What I Saw When I Met the U.S. Truckers’ Convoy In Missouri”, but my friends and family informed me that they were unable to share it on Facebook. The site would not allow it.

19. This was especially concerning given the American truckers had banded together, after witnessing the Canadian Freedom Convoy, in an effort to pressure the Biden administration to end

the national state of emergency which granted the federal government intrusive powers that have been extended for over two years now.

20. I recently rejoined Twitter as the Elon Musk takeover is potentially going through. Within just two months of returning, I have had numerous posts flagged or been locked out of my account for mentioning alternative COVID-19 treatments, mentioning the fact that masks have caused some developmental and health issues in children, and mentioning that I am healthy even though I have not received the COVID-19 vaccine.

21. There is no doubt that my writing and my posts have been subjected to censorship to suppress certain facts from the public and prevent individuals from receiving vital information that is critical of the current administration and federal government overreach.

I swear or affirm under penalty of perjury that the foregoing is true and correct.

Dated: June 8, 2022

Signed: /s/ Jessica Marie Gulmire