

**From:** (b)(6) (OS/OGA (b)(6))  
**Sent:** Tuesday, July 21, 2020 12:56 PM  
**To:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>; Hyde, Terri (CDC/DDPHSIS/CGH/GID) <tkh4@cdc.gov>; Cohn, Amanda (CDC/DDID/NCIRD/OD) <anc0@cdc.gov>; Doshi, Reena H. (CDC/DDPHSIS/CGH/GID) <HQO3@cdc.gov>  
**Cc:** Aasen, Adam (HHS/OS/OGA) <Adam.Aasen@hhs.gov>; Weinberger, Collin (OS/OGA) <Collin.Weinberger@hhs.gov>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <vx3@cdc.gov>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <hjt1@cdc.gov>  
**Subject:** RE: Vaccine confidence - COVID19

Dear CDC colleagues,

Thanks so much for a very productive call last week. In regards to next steps, Larry offered to have us on the (b)(5) call to discuss with our technical counterparts who are also very interested in promoting vaccine confidence in August.

The next call was moved from the date Larry mentioned on August 5<sup>th</sup> to August 12<sup>th</sup> (4:00-4:45pm EDT). Does this date/time work for you all?

Warmly,

(b)(6)

**From:** Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>  
**Sent:** Friday, July 17, 2020 8:07 AM  
**To:** Hyde, Terri (CDC/DDPHSIS/CGH/GID) <tkh4@cdc.gov>; Cohn, Amanda (CDC/DDID/NCIRD/OD) <anc0@cdc.gov>; (b)(6) (OS/OGA (b)(6)) Doshi, Reena H. (CDC/DDPHSIS/CGH/GID) <HQO3@cdc.gov>  
**Cc:** Aasen, Adam (HHS/OS/OGA) <Adam.Aasen@hhs.gov>; Weinberger, Collin (OS/OGA) <Collin.Weinberger@hhs.gov>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <vx3@cdc.gov>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <hjt1@cdc.gov>  
**Subject:** RE: Vaccine confidence - COVID19

Here is info for the 8 am meeting:

Domestic (b)(6)  
 International (b)(6)  
 Leader Passcode: (b)(6) PET will put this in  
 Participant Passcode: (b)(6)

**From:** Hyde, Terri (CDC/DDPHSIS/CGH/GID) <tkh4@cdc.gov>  
**Sent:** Friday, July 17, 2020 8:06 AM  
**To:** Cohn, Amanda (CDC/DDID/NCIRD/OD) <anc0@cdc.gov>; (b)(6) (OS/OGA (b)(6)) Doshi, Reena H. (CDC/DDPHSIS/CGH/GID) <HQO3@cdc.gov>  
**Cc:** Aasen, Adam (HHS/OS/OGA) <Adam.Aasen@hhs.gov>; Weinberger, Collin (OS/OGA) <Collin.Weinberger@hhs.gov>; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <nla5@cdc.gov>; Abad,

Neetu S. (CDC/DDPHSIS/CGH/GID) <[vix3@cdc.gov](mailto:vix3@cdc.gov)>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <[hjt1@cdc.gov](mailto:hjt1@cdc.gov)>

**Subject:** RE: Vaccine confidence - COVID19

Hi all,

I didn't see an appointment for this today at 8am. Let us know when this will be rescheduled to?

Thanks,

Terri

---

**From:** Hyde, Terri (CDC/DDPHSIS/CGH/GID)

**Sent:** Thursday, July 16, 2020 3:31 PM

**To:** Cohn, Amanda (CDC/DDID/NCIRD/OD) <[anc0@cdc.gov](mailto:anc0@cdc.gov)>; (b)(6) (OS/OGA)

(b)(6) Doshi, Reena H. (CDC/DDPHSIS/CGH/GID) <[HQO3@cdc.gov](mailto:HQO3@cdc.gov)>

**Cc:** Aasen, Adam (HHS/OS/OGA) <[Adam.Aasen@hhs.gov](mailto:Adam.Aasen@hhs.gov)>; Weinberger, Collin (OS/OGA) <[Collin.Weinberger@hhs.gov](mailto:Collin.Weinberger@hhs.gov)>; Wilhelm, Elisabeth (CDC/DDPHSIS/CGH/GID) <[nla5@cdc.gov](mailto:nla5@cdc.gov)>; Abad, Neetu S. (CDC/DDPHSIS/CGH/GID) <[vix3@cdc.gov](mailto:vix3@cdc.gov)>; Prybylski, Dimitri (CDC/DDPHSIS/CGH/GID) <[hjt1@cdc.gov](mailto:hjt1@cdc.gov)>

**Subject:** RE: Vaccine confidence - COVID19

And Dimitri and his team can join. They are cc'd here – Dimitri, Neetu, and Lis

---

**From:** Cohn, Amanda (CDC/DDID/NCIRD/OD) <[anc0@cdc.gov](mailto:anc0@cdc.gov)>

**Sent:** Thursday, July 16, 2020 3:29 PM

**To:** (b)(6) (OS/OGA) (b)(6) Hyde, Terri (CDC/DDPHSIS/CGH/GID) <[tkh4@cdc.gov](mailto:tkh4@cdc.gov)>; Doshi, Reena H. (CDC/DDPHSIS/CGH/GID) <[HQO3@cdc.gov](mailto:HQO3@cdc.gov)>

**Cc:** Aasen, Adam (HHS/OS/OGA) <[Adam.Aasen@hhs.gov](mailto:Adam.Aasen@hhs.gov)>; Weinberger, Collin (OS/OGA) <[Collin.Weinberger@hhs.gov](mailto:Collin.Weinberger@hhs.gov)>

**Subject:** Re: Vaccine confidence - COVID19

That would be great if you have a conference line, thanks!

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**From:** (b)(6) (OS/OGA) (b)(6)

**Sent:** Thursday, July 16, 2020 2:58:43 PM

**To:** Cohn, Amanda (CDC/DDID/NCIRD/OD) <[anc0@cdc.gov](mailto:anc0@cdc.gov)>; Hyde, Terri (CDC/DDPHSIS/CGH/GID) <[tkh4@cdc.gov](mailto:tkh4@cdc.gov)>; Doshi, Reena H. (CDC/DDPHSIS/CGH/GID) <[HQO3@cdc.gov](mailto:HQO3@cdc.gov)>

**Cc:** Aasen, Adam (HHS/OS/OGA) <[Adam.Aasen@hhs.gov](mailto:Adam.Aasen@hhs.gov)>; Weinberger, Collin (OS/OGA) <[Collin.Weinberger@hhs.gov](mailto:Collin.Weinberger@hhs.gov)>

**Subject:** RE: Vaccine confidence - COVID19

Thanks so much for the quick reply! 8am tomorrow works well for us and we appreciate you finding time so quickly.

Happy to send out a bridgeline if you all don't have one that's available. Looking forward to speaking tomorrow morning.

Warmly,

(b)(6)

---

**From:** Cohn, Amanda (CDC/DDID/NCIRD/OD) <[anc0@cdc.gov](mailto:anc0@cdc.gov)>  
**Sent:** Thursday, July 16, 2020 2:52 PM  
**To:** Hyde, Terri (CDC/DDPHSIS/CGH/GID) <[tkh4@cdc.gov](mailto:tkh4@cdc.gov)>; (b)(6) (OS/OGA)  
 (b)(6) Doshi, Reena H. (CDC/DDPHSIS/CGH/GID) <[HQO3@cdc.gov](mailto:HQO3@cdc.gov)>  
**Cc:** Aasen, Adam (HHS/OS/OGA) <[Adam.Aasen@hhs.gov](mailto:Adam.Aasen@hhs.gov)>; Weinberger, Collin (OS/OGA) <[Collin.Weinberger@hhs.gov](mailto:Collin.Weinberger@hhs.gov)>  
**Subject:** Re: Vaccine confidence - COVID19

That would be great Terri, I think Dmitri and team would be so helpful.

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**From:** Hyde, Terri (CDC/DDPHSIS/CGH/GID) <[tkh4@cdc.gov](mailto:tkh4@cdc.gov)>  
**Sent:** Thursday, July 16, 2020 2:51:09 PM  
**To:** Cohn, Amanda (CDC/DDID/NCIRD/OD) <[anc0@cdc.gov](mailto:anc0@cdc.gov)>; (b)(6) (OS/OGA)  
 (b)(6) Doshi, Reena H. (CDC/DDPHSIS/CGH/GID) <[HQO3@cdc.gov](mailto:HQO3@cdc.gov)>  
**Cc:** Aasen, Adam (HHS/OS/OGA) <[Adam.Aasen@hhs.gov](mailto:Adam.Aasen@hhs.gov)>; Weinberger, Collin (OS/OGA) <[Collin.Weinberger@hhs.gov](mailto:Collin.Weinberger@hhs.gov)>  
**Subject:** RE: Vaccine confidence - COVID19

I can't to 3:30 today but could join at 8am ( I am in motion at that time but can at least listen). We do have a team in our division that works specifically on these issues. I can see if someone from the team is available to join?

---

**From:** Cohn, Amanda (CDC/DDID/NCIRD/OD) <[anc0@cdc.gov](mailto:anc0@cdc.gov)>  
**Sent:** Thursday, July 16, 2020 2:49 PM  
**To:** (b)(6) (OS/OGA) (b)(6) Hyde, Terri (CDC/DDPHSIS/CGH/GID) <[tkh4@cdc.gov](mailto:tkh4@cdc.gov)>; Doshi, Reena H. (CDC/DDPHSIS/CGH/GID) <[HQO3@cdc.gov](mailto:HQO3@cdc.gov)>  
**Cc:** Aasen, Adam (HHS/OS/OGA) <[Adam.Aasen@hhs.gov](mailto:Adam.Aasen@hhs.gov)>; Weinberger, Collin (OS/OGA) <[Collin.Weinberger@hhs.gov](mailto:Collin.Weinberger@hhs.gov)>  
**Subject:** Re: Vaccine confidence - COVID19

Hi (b)(6) I could speak today at 3:30 or tomorrow at 8 am or late afternoon. Do any of those times work for you? Also hoping Terri or Reena can join.

Thanks!  
 Amanda

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**From:** (b)(6) (OS/OGA) (b)(6)  
**Sent:** Thursday, July 16, 2020 2:46 PM  
**To:** Hyde, Terri (CDC/DDPHSIS/CGH/GID); Cohn, Amanda (CDC/DDID/NCIRD/OD); Doshi,

Reena H. (CDC/DDPHSIS/CGH/GID)

**Cc:** Aasen, Adam (HHS/OS/OGA); Weinberger, Collin (OS/OGA)

**Subject:** RE: Vaccine confidence - COVID19

Hey Amanda,

(b)(5)

Warmly,

(b)(6)

**From:** (b)(6) (OS/OGA)

**Sent:** Monday, July 13, 2020 8:47 AM

**To:** Hyde, Terri (CDC/DDPHSIS/CGH/GID) <[tkh4@cdc.gov](mailto:tkh4@cdc.gov)>; Cohn, Amanda (CDC/DDID/NCIRD/OD) <[anc0@cdc.gov](mailto:anc0@cdc.gov)>; Doshi, Reena H. (CDC/DDPHSIS/CGH/GID) <[HQO3@cdc.gov](mailto:HQO3@cdc.gov)>

**Cc:** Aasen, Adam (HHS/OS/OGA) <[Adam.Aasen@hhs.gov](mailto:Adam.Aasen@hhs.gov)>

**Subject:** RE: Vaccine confidence - COVID19

(b)(5); (b)(6)

(b)(5)

I think an initial call with key CDC SMEs is a perfect next step. What is your availability this week?

Reena, thanks for your engagement on this on Terri's behalf.

**From:** Hyde, Terri (CDC/DDPHSIS/CGH/GID) <[tkh4@cdc.gov](mailto:tkh4@cdc.gov)>

**Sent:** Sunday, July 12, 2020 10:30 PM

**To:** Cohn, Amanda (CDC/DDID/NCIRD/OD) <[anc0@cdc.gov](mailto:anc0@cdc.gov)>; (b)(6) (OS/OGA)

(b)(6) Doshi, Reena H. (CDC/DDPHSIS/CGH/GID) <[HQO3@cdc.gov](mailto:HQO3@cdc.gov)>

**Cc:** Aasen, Adam (HHS/OS/OGA) <[Adam.Aasen@hhs.gov](mailto:Adam.Aasen@hhs.gov)>

**Subject:** Re: Vaccine confidence - COVID19

(b)(6)

Reena Doshi is acting for me.

Thanks,  
Terri

Terri Hyde, MD MPH  
Global Immunization Division

Office 1-404-639-8764

Mobile (b)(6)

E-mail [thyde@cdc.gov](mailto:thyde@cdc.gov)

**From:** Cohn, Amanda (CDC/DDID/NCIRD/OD) <[anc0@cdc.gov](mailto:anc0@cdc.gov)>  
**Sent:** Sunday, July 12, 2020 9:31:51 PM  
**To:** (b)(6) (OS/OGA) (b)(6)  
**Cc:** Aasen, Adam (HHS/OS/OGA) <[Adam.Aasen@hhs.gov](mailto:Adam.Aasen@hhs.gov)>; Hyde, Terri (CDC/DDPHSIS/CGH/GID) <[tkh4@cdc.gov](mailto:tkh4@cdc.gov)>  
**Subject:** RE: Vaccine confidence - COVID19

Hi (b)(6) Apologies for the late response (b)(6) (b)(5)

(b)(5)

I am cc'ing Terri Hyde, who is the lead for global COVID-19 vaccine issues. In GID there are a number of people who work on global vaccine demand, and we work closely with them on the domestic side. We would be happy to work with you on this topic. Is the best first step to have a small call with the key CDC subject matter experts?

Best,  
Amanda

---

**From:** (b)(6) (OS/OGA) (b)(6)  
**Sent:** Tuesday, July 7, 2020 2:05 PM  
**To:** Cohn, Amanda (CDC/DDID/NCIRD/OD) <[anc0@cdc.gov](mailto:anc0@cdc.gov)>  
**Cc:** Aasen, Adam (HHS/OS/OGA) <[Adam.Aasen@hhs.gov](mailto:Adam.Aasen@hhs.gov)>  
**Subject:** RE: Vaccine confidence - COVID19

Hey Amanda,

(b)(6) I know you must have a ton on your plate right now, but wanted to circle back for your thoughts and guidance on the below question/request from our Front Office.

Looking forward to hearing back and really appreciate your time.

Warmly,

(b)(6)

---

**From:** (b)(6) (OS/OGA)  
**Sent:** Thursday, July 2, 2020 1:24 PM  
**To:** Cohn, Amanda (CDC/DDID/NCIRD/OD) <[anc0@cdc.gov](mailto:anc0@cdc.gov)>  
**Subject:** Vaccine confidence - COVID19

Hey Amanda,

(b)(5)

Warmly,

(b)(6)

<< OLE Object: Picture (Device Independent Bitmap) >>

Even before a coronavirus vaccine becomes available, some activists are ready to attack it; this woman attended a "Reopen Virginia" protest in Richmond in April.

Matthew Rodier/Sipa USA/AP IMAGES

## Just 50% of Americans plan to get a COVID-19 vaccine. Here's how to win over the rest

By [Warren Cornwall](#) Jun. 30, 2020 , 4:25 PM

***Science's COVID-19 reporting is supported by the Pulitzer Center.***

Within days of the first confirmed novel coronavirus case in the United States on 20 January, antivaccine activists were already hinting on Twitter that the virus was a scam—part of a plot to profit from an eventual vaccine.

Nearly half a year later, scientists around the world are rushing to create a COVID-19 vaccine. An approved product is still months, if not years, away and public health agencies have not yet mounted campaigns to promote it. But health communication experts say they need to start to lay the groundwork for acceptance now, because the flood of misinformation from antivaccine activists has surged.

Such activists have "kicked into overdrive," says Neil Johnson, a physicist at George Washington University who studies the [dynamics of antivaccine groups](#) on social networks. He estimates that in recent months, 10% of the Facebook pages run by people asking questions about vaccines have already switched to antivaccine views.

Recent polls have found as few as 50% of people in the United States are committed to receiving a vaccine, with another quarter wavering. Some of the communities most at risk from the virus are also the most leery: Among Black people, who account for nearly one-quarter of U.S. COVID-19 deaths, 40% said they wouldn't get a vaccine in a mid-May poll by the Associated Press and the University of Chicago. In France, 26% said they wouldn't get a coronavirus vaccine.

The Centers for Disease Control and Prevention (CDC) is now working on a plan to boost "vaccine confidence" as part of the federal effort to develop a vaccine, Director Robert Redfield told a Senate committee this week. Advocates urge campaigns that include personal messages and storytelling. "We

better use every minute we have between now and when that vaccine or vaccines are ready, because it's real fragile ground right now," says Heidi Larson, an anthropologist and head of the Vaccine Confidence Project at the London School of Hygiene & Tropical Medicine (LSHTM).

Even before the pandemic, public health agencies around the world were struggling to counter increasingly sophisticated efforts to turn people against vaccines. With vaccination rates against measles and other infectious diseases falling in some locations, the World Health Organization (WHO) in 2019 listed "vaccine hesitancy" as one of 10 major global health threats.

Any coronavirus vaccine will face additional hurdles, especially the lack of a long-term safety record, Johnson says. The frenetic pace of vaccine development may play into that concern. Even advocates have worried that the rush for a vaccine raises the risk it could be ineffective or have harmful side effects. Consider the very name for the U.S. vaccine initiative, Operation Warp Speed, says Bruce Gellin, president of the nonprofit Sabin Vaccine Institute. "What is a worse name for something that's supposed to give you trust in a product that you want everybody to take?"

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Del Bigtree, a U.S.-based vaccine critic, claims scientists are pursuing one of "the most dangerous vaccines ever attempted," for a virus that poses little risk to most people. He says he spreads his message through an online talk show, Twitter, and presentations, and that "we have seen incredible growth" since the pandemic started.

In addition to safety concerns, activists have embraced a plethora of other antivaccine messages. In May, a documentary-style video, "Plandemic," purporting that COVID-19 related deaths were exaggerated and a vaccine could kill millions, got more than 7 million views on YouTube before it was removed because of its unsubstantiated claims. U.S. activists in late April hosted an online "Freedom Health Summit" featuring antivaccine leaders and railing against "medical tyranny" during shutdowns. Other outlandish claims include that vitamin C can cure COVID-19 and that the disease is a conspiracy involving philanthropist Bill Gates. Statements by French doctors that coronavirus vaccines might be tested in Africa led to fears of Africans being exploited in trials.

Social media posts that create the impression of a real debate over vaccine safety can tap into psychological habits that make people think doing nothing is safer than taking action, says Damon Centola, a sociologist at the University of Pennsylvania. He fears such concerns could spread more easily among people already suspicious of medical authority, including minority communities. For example, many Black people are keenly aware of the history of medical experiments such as the infamous federal Tuskegee Study, which failed to treat Black men with syphilis. "That, to me, is the major issue of the day that I'm very worried about," Centola says.

Accuracy and authority are at a disadvantage in a media environment that favors speed, emotion, and memorable stories, says Peter Sheridan Dodds, a complex systems scientist at the University of Vermont who studies how ideas move through social media. Antivaccine activists have used those factors to attract followers, Dodds says. "In the end, it's story wars."

Vaccine promoters say they need to start now to counter all this, because epidemiologists estimate that to break the pandemic, 70% of the population may need to develop immunity, either by getting a vaccine or becoming infected. Health communication experts suggest taking some pages from the antivaccine playbook. When more than 40 experts from around the world gathered online for a strategy session organized by experts with the

City University of New York and LSHTM, a top recommendation was to develop faster, more creative ways to communicate with the public that “speak more directly to the emotions.”

Traditional messages promoting vaccination—authoritative and fact-filled—just don’t cut it with people worried about vaccine safety, says Larson, who helped organize the 20 May meeting. “We don’t have enough flavors” of messages, adds Larson, whose book about vaccine rumors is about to be released. “I’ve had people say to me, ‘All these social media platforms can send us to WHO or CDC. ... We’ve been there, but it doesn’t have the answers to the questions we have.’”

Some current initiatives have pioneered a more story-based approach. The National HPV Vaccination Roundtable, which promotes vaccination against the human papillomavirus, a leading cause of cervical cancer, uses YouTube videos of women who survived cervical cancer. “We need to get better at storytelling,” says Noel Brewer, a behavioral scientist at the University of North Carolina, Chapel Hill, and chair of the HPV roundtable. “We need to carry positive stories and also negative stories about the harms of not vaccinating.” The downsides of refusing a coronavirus vaccine might include not visiting grandparents and continuing to traverse the produce aisle as if it were a minefield.

In West Africa, officials are deploying the same tools that spread rumors about vaccines to counter them, says Thabani Maphosa, who oversees operations in 73 countries for Gavi, the Vaccine Alliance, which supplies and promotes vaccines around the world. In Liberia, for example, officials are using Facebook’s WhatsApp messaging app to survey people and to address the rumors behind a drop in routine vaccinations. “We need to use this as a teachable moment,” Maphosa says.

In the United States, the nonprofit Public Good Projects plans to recruit volunteers to swarm outbreaks of vaccine misinformation online and eventually develop memes and videos, says CEO Joe Smyser.

But the most effective tools may lie outside the digital realm. Real-world nudges and infrastructure, such as phone call reminders to come in for a shot, may be more powerful than any social media campaign, Brewer says. Social media doesn’t have “as much of an effect as you would imagine from the noise it’s generating,” he adds.

Public health agencies should consider taking vaccinations out of medical settings and into places where people work or shop, adds Monica Schoch-Spana, a medical anthropologist at Johns Hopkins University. That also means talking to leaders in various communities to understand their views. Such outreach could prove particularly important with minority communities. “You really do have to meet people where they are both figuratively and literally,” she says.

Posted in:

- [Health](#)
- [Scientific Community](#)
- [Coronavirus](#)

doi:10.1126/science.abd6018

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## **Warren Cornwall**

Warren Cornwall is freelance journalist in Washington State.

(b)(6)  
Global Health Officer

Office of Pandemic and Emerging Threats  
Office of Global Affairs, U.S. Department of Health & Human Services

(b)(6)

**From:** Carol Hayes  
**Sent:** Wed, 28 Oct 2020 16:05:24 -0400  
**To:** Cohn, Amanda (CDC/DDID/NCIRD/OD); Messonnier, Nancy (CDC/DDID/NCIRD/OD); José  
**Subject:** Del Bigtree

AHHHHHHH

Carol E Hayes, CNM, MN, MPH, FACNM  
Adjunct Professor, Georgia State University School of Nursing  
Immunization Adviser to American College of Nurse-Midwives  
<http://www.midwife.org/Immunization-Resources-for-Providers>

**From:** Wharton, Melinda (CDC/DDID/NCIRD/ISD)  
**Sent:** Wed, 12 Aug 2020 18:21:55 +0000  
**To:** Messonnier, Nancy (CDC/DDID/NCIRD/OD)  
**Subject:** RE: Del Bigtree removed from YouTube

!

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**From:** Messonnier, Nancy (CDC/DDID/NCIRD/OD) <nar5@cdc.gov>  
**Sent:** Wednesday, August 12, 2020 2:21 PM  
**To:** Wharton, Melinda (CDC/DDID/NCIRD/ISD) <mew2@cdc.gov>  
**Subject:** Fwd: Del Bigtree removed from YouTube

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**From:** Nordlund, Kristen (CDC/DDID/NCIRD/OD) <hok4@cdc.gov>  
**Sent:** Wednesday, August 12, 2020 2:03:33 PM  
**To:** Messonnier, Nancy (CDC/DDID/NCIRD/OD) <nar5@cdc.gov>; Cohn, Amanda (CDC/DDID/NCIRD/OD) <anc0@cdc.gov>  
**Subject:** FW: Del Bigtree removed from YouTube

FYI

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**From:** Marshall, Maureen (CDC/DDID/NCIRD/OD) <bkf0@cdc.gov>  
**Sent:** Wednesday, August 12, 2020 12:46 PM  
**To:** Fisher, Allison Michelle (CDC/DDID/NCIRD/OD) <ark2@cdc.gov>; Randall, Laura (CDC/DDID/NCIRD/OD) <lze9@cdc.gov>; Ramlal, Roshan (CDC/DDID/NCIRD/OD) (CTR) <rnt5@cdc.gov>  
**Cc:** Nordlund, Kristen (CDC/DDID/NCIRD/OD) <hok4@cdc.gov>; Grusich, Katherina (Kate) (CDC/DDID/NCIRD/OD) <yhb3@cdc.gov>; Vadhar, Krystal (CDC/DDID/NCIRD/OD) (CTR) <ohk2@cdc.gov>; Lowndes, Andrew (CDC/DDID/NCIRD/OD) (CTR) <llx2@cdc.gov>  
**Subject:** Del Bigtree removed from YouTube

- The online program, *The HighWire with Del Bigtree*, has been removed from YouTube for violating policies on the platform. The account was terminated after Bigtree, a leading figure in the vaccine opposition movement, "repeatedly encouraged viewers to intentionally contract COVID-19 and pushed other dangerous medical misinformation." *Newsguard* has identified thehighwire.com as a site that has published false claims and "severely violates basic journalistic standards." Bigtree referred to Youtube's action as "THE CYBER ATTACK ON TRUTH". Bigtree dedicated time in the July 30th episode, which remains available on Facebook and other video sharing platforms, to address the claims made by *Media Matters* about the misinformation spread via *The HighWire*, which led to the channel being deleted from YouTube. While the de-platforming of *The HighWire* is an important step to reduce misinformation online, fans of the show continue to defend the ideologies promoted by Bigtree.

Maureen S. Marshall, MS  
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Centers for Disease Control and Prevention  
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404-639-1967 office  
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<mailto:bkf0@cdc.gov>