
No. 23-15858

**IN THE UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT**

JUSTIN HART,
Plaintiff-Appellant

v.

META PLATFORMS, INC., F/K/A FACEBOOK, INC.; X CORP., SUCCESSOR IN
INTEREST TO TWITTER, INC.; VIVEK MURTHY IN HIS OFFICIAL CAPACITY AS
UNITED STATES SURGEON GENERAL; JOSEPH R. BIDEN, JR. IN HIS OFFICIAL
CAPACITY AS PRESIDENT OF THE UNITED STATES; THE DEPARTMENT OF
HEALTH AND HUMAN SERVICES; AND THE OFFICE OF MANAGEMENT AND
BUDGET,
Defendants-Appellees

On Appeal from the United States District Court
for the Northern District of California
No. 3:22-cv-00737
Hon. Charles R. Breyer

EXCERPTS OF RECORD
Volume 2 of 4

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UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION

JUSTIN HART,
Plaintiff,

v.

META PLATFORMS, INC., f/k/a Facebook,
Inc.; TWITTER, INC.; VIVEK MURTHY in
his official capacity as United States Surgeon
General; JOSEPH R. BIDEN, JR. in his
official capacity as President of the United
States; the DEPARTMENT OF HEALTH
AND HUMAN SERVICES; and the OFFICE
OF MANAGEMENT AND BUDGET,

Defendants.

Case No. 3:22-cv-00737-CRB

**PLAINTIFF'S MOTION TO AMEND
COMPLAINT PURSUANT TO RULE 15**

Judge: Hon. Charles C. Breyer
Date: March 24, 2023
Time: 10:00 AM
Ctrm: Courtroom 6

Action Filed: August 31, 2021
Trial Date: None

Introduction

Plaintiff, Justin Hart, seeks leave of this Court to amend his original Complaint (“Compl.”) under Fed. R. Civ. P. 15 with his proposed First Amended Complaint (“Am. Compl.”). attached as Exhibit A along with supporting Exhibits as Exhibit B. Further, a red-line copy of the Am. Compl. compared against the Compl. is also attached as Exhibit C. Plaintiff’s amendment is based on information obtained for the first time (1) in response to his pending FOIA claim and requests to the Department of Health and Human Services (“HHS”) and the Office of Management and Budget (“OMB”); (2) in a similar case, *Missouri v. Biden*, summarized as discovery documents produced and a deposition transcript; and (3) in a public release of information by new Twitter owner Elon Musk referred to as the “Twitter Files.”

Factual Background

Plaintiff’s federal non-FOIA claim was dismissed.

Plaintiff commenced this action in August of 2021, alleging six counts against the Defendants: President Biden, Surgeon General Murthy¹ (collectively, “the Federal Government Defendants”); Meta Platforms, Inc.,² and Twitter, Inc. (collectively, “the Social Media Defendants”). One count was a FOIA claim specifically against HHS and OMB; the other five were a combination of federal and state supplemental claims resulting from allegations of joint action between the Federal Government Defendants and the Social Media Defendants in violation of Plaintiff’s First Amendment rights.

On May 5, 2022, this Court dismissed Hart’s federal claim against the Social Media Defendants and Federal Government Defendants and declined to exercise supplemental jurisdiction over the state law claims, leaving only Hart’s FOIA claim against the Federal Government Defendants. Order, Dkt. 87. The Court did so based on a finding that Plaintiff had not pled and could not plead sufficient facts to establish joint action to prove a First

¹ President Biden and Surgeon General Murthy direct, respectively, OMB and HHS.

² f/k/a Facebook, Inc., Meta will be referred to as “Facebook” where appropriate.

Amendment violation.

But, in doing so, this Court explicitly left the door open for an amended complaint: “However, Hart still has a FOIA claim against HHS and OMB as to his request for information about the Federal Defendants’ supposed communications with Facebook and Twitter about his accounts.” *Id.* at 18, citing Compl. ¶¶ 66-74.

“If Hart prevails and learns facts that plausibly suggest that ‘the state has so far insinuated itself into a position of interdependence with [Facebook and Twitter] that it must be recognized as a joint participant’ in enforcing their company policies, the Court will permit amendment.”

Id., quoting *Gorenc v. Salt River Project Agr. Imp. & Power Dist.*, 869 F.2d 503, 507 (9th Cir. 1989). Plaintiff now seeks to amend his Complaint in accordance with this Court’s Order based on the new information uncovered in his FOIA claim, discovery in *Missouri v. Biden*, and the Twitter Files released publicly by Elon Musk.

The New Information

In summary, information revealed to Plaintiff for the first time in response to his FOIA request and claim, as well as other contemporaneous FOIA and discovery responses in other similar cases, and the release of the Twitter Files (the “New Information”) reveal the following: 1) Facebook offered the federal government \$15 million in free COVID-19 public health advertising to promote its public health message on the Internet. Am. Compl. ¶¶ 35-37 and supporting Exs. 1, 2) The federal government accepted this gift, with a condition and limitation on Facebook’s use of the name of HHS, its sub-agency the Centers for Disease Control and Prevention (“CDC”), or any other agency when promoting the government’s public health message, as well as a requirement that Facebook “clear all publicity materials . . . with HHS and CDC” before posting on the Internet. *Id.* ¶¶ 38-41 and Ex. 2, 3). The CDC and Federal Government Defendants coordinated its COVID “misinformation” response with the Social Media Defendants by holding regular “be-on-the-lookout” meetings and by providing Facebook with examples of the sort of COVID-19 messages it wanted censored on the Internet that contradicted the government’s public health message. *Id.* ¶¶ 42-47 and Exs. 3-7, 4). Facebook shared survey data with the CDC

1 and held meetings with government representatives to address vaccine hesitancy on
2 Facebook's platform. *Id.* ¶ 61 and Exs. 8, 5). Facebook used proprietary tools to monitor
3 social media posts on the Internet that contradicted the federal government's COVID-19
4 narrative and reported such posts to the federal government. *Id.* ¶ 69-71 and Exs. 9, 10, 6).
5 Facebook adjusted its policies and algorithms to align with misinformation policies set
6 forth by the Federal Government Defendants in determining whether to delete posts from
7 the Internet, and Facebook employees were defensive and submissive toward their federal
8 masters, scurrying to "do more" to "limit[] the spread of harmful misinformation" as the
9 Federal Government Defendants "call[ed]" and directed them to do. *Id.* ¶¶ 74-82 and Exs.
10 11, 12, 7). And all of this happened *prior* to Plaintiff's suspension from the Social Media
11 Defendants' platforms and his valid public health messages being deleted by the Social
12 Media Defendants from the Internet in July 2021.

13 In October 2022, the Western District of Louisiana authorized depositions in a similar
14 case for Defendant Murthy, Jennifer Psaki, and Carol Crawford, finding that they called
15 for and organized efforts to squelch dissenting opinions on social media. *Missouri v. Biden*,
16 No. 3:22-cv-1213-TAD-KDM (W.D. La.) Dkt. 90. In his proposed Am. Compl., Plaintiff Hart
17 is adding as new parties Carol Crawford and Rob Flaherty. Crawford's deposition revealed
18 that the federal government had insinuated itself into a position of interdependence with
19 the Social Media Defendants by holding regular BOLO meetings to assist them with
20 implementing their misinformation policies on their private platforms and the Internet.

21 Additionally, discovery in *Missouri v. Biden* produced emails between Flaherty and
22 anonymous Facebook officials, in which Flaherty dresses down and admonishes a Facebook
23 official for allowing "borderline content" on Facebook's private social media platform.

24 In late 2022, Elon Musk released the Twitter Files, internal Twitter documents that
25 demonstrate that 1) Twitter used bots to moderate content on its platform; 2) Twitter used
26 contractors given decision trees to moderate content; 3) higher level employees at Twitter
27 chose the inputs for the bots and decision trees, and subjectively decided escalated cases
28 and suspensions based on their biased views.

1 Finally, as a result of the public release of the Twitter Files, Plaintiff uncovered
2 evidence that he was specifically targeted by former FDA commissioner Dr. Scott Gottlieb.

3 LEGAL STANDARD

4 As responsive pleadings have already been served, a plaintiff seeking to amend his
5 complaint at this stage must seek leave of the court to do so. Fed. R. Civ. P. 15(a). Leave to
6 amend “shall be freely given when justice so requires.” *Id.* This policy is “to be applied with
7 extreme liberality.” *Owens v. Kaiser Foundation Health Plan, Inc.*, 244 F.3d 708, 712 (9th
8 Cir. 2001) (cleaned up). Thus, leave to amend is given unless the opposing party can
9 establish “bad faith, undue delay, prejudice to the opposing party, and/or futility.” *Id.*
10 (cleaned up).

11 ARGUMENT

12 I. Amendment is justified due to the discovery of the New Information.

13 In response to Hart’s FOIA request in this case, and other similarly-timed FOIA
14 requests, discovery in other cases, and the public release of the Twitter Files, HHS and
15 OMB have produced information demonstrating that the government has, indeed, “so far
16 insinuated itself into a position of interdependence . . . that it must be recognized as a joint
17 participant” in enforcing the Social Media Companies’ Covid “misinformation” policies.
18 *Gorenc*, 869 F.2d at 507. Whereas previously Plaintiff could only speculate as to the nature
19 of the Federal Government Defendants’ relationship with the Social Media Defendants
20 based on publicly available statements, Plaintiff now has evidence, produced by the
21 Federal Government Defendants themselves, showing exactly how far the federal
22 government has “insinuated itself” into the Social Media Defendants’ COVID
23 “misinformation” policies. *See* Am. Compl. Exs. 1-12; *ante* at 3. Whereas he could
24 previously only cite a press conference held *after* Facebook began taking action against him
25 (Facebook Motion to Dismiss, Dkt. 73 at 6), the New Information conclusively proves that
26 the joint action between the Federal and Social Media Defendants predates the actions the
27 Social Media Defendants took against him. And where previously Plaintiff had to make do
28

with “general statements about working together,”³ Plaintiff now has documented evidence that the Social Media Defendants worked at the government’s request to censor dissenting views and provided the government with regular updates on its progress, and the Social Media Defendants did not follow their own “misinformation” policies. Moreover, Plaintiff now knows that he was named and targeted by Dr. Gottlieb. This is precisely the information the Court sought in its Order: proof that “the state has so far insinuated itself into a position of interdependence with [Facebook and Twitter] that it must be recognized as a joint participant.” Dkt. 87 at 18, quoting *Gorenc*, 869 F.2d at 507. The Court said in its order that it would permit such an amendment. *Id.* Indeed, it should do so now based on the New Information.

II. No good reason exists to deny amendment.

“In the absence of any apparent or declared reason – such as undue delay, bad faith or dilatory motive on the part of the movant, repeated failure to cure deficiencies by amendments previously allowed, undue prejudice to the opposing party by virtue of allowance of the amendment, futility of the amendment, etc. – the leave sought should, as the rules require, be freely given.”

Foman v. Davis, 371 U.S. 178, 183 (1962) (citation omitted). None of these reasons to deny amendment exist here.

1. There was no undue delay, bath faith, or repeated failure to cure deficiencies by previous amendments.

Although he attempted to amend his complaint in October of 2022, Plaintiff recently withdrew that motion because of additional relevant and critical information that recently came to light. To the extent that there has been a delay, the primary cause was HHS and OMB failing to timely respond to Hart’s FOIA request of July 22, 2021. HHS and OMB made their final production on June 3, 2022, nearly a year after Plaintiff made his FOIA request. Additionally, Plaintiff has drawn information from other sources not available to him when he filed his initial complaint, as detailed above.

³ Facebook’s Motion to Dismiss, Dkt. 73 at 5 (cleaned up). *See also* Twitter’s Motion to Dismiss, Dkt. 70 at 9.

1 In addition, this Court (and its predecessor in the Southern District of California) has
2 been generous in granting the Defendants additional time to file their briefs or respond to
3 Plaintiff's FOIA request. *See* Dkts. 11, 21, 26, 64, 91. It would be the height of hypocrisy
4 now for Defendants to turn around and complain about undue delay when they have taken
5 nearly a year to produce FOIA documents that were required under law to be produced
6 months ago.

7 **2. Amendment will not unduly prejudice the opposing parties.**

8 Undue prejudice occurs when a complaint is amended late in the proceedings—shortly
9 before trial or after the close of discovery. *See Kaplan v. Rose*, 49 F.3d 1363, 1370 (9th Cir.
10 1994); *Texaco, Inc. v. Ponsoldt*, 939 F.2d 794, 799 (9th Cir. 1991). Specifically, prejudice
11 arises from “expense, delay, and wear and tear on individuals and companies,” *Kaplan*, 49
12 F.3d at 1370 (quoting district court opinion), for example, where prior discovery is nullified
13 or future discovery required that was not required by the original complaint, *Jackson v.*
14 *Bank of Haw.*, 902 F.2d 1385, 1387 (9th Cir. 1990), or where “numerous new claims” are
15 added “so close to trial,” *Texaco*, 939 F.2d at 799. Contrast *Telephia Inc. v. Cuppy*, 2005
16 U.S. Dist. LEXIS 59653, at *6 (N.D. Ca.) (amendment allowed when “almost two months of
17 fact discovery remained”). Here, amendment is sought even earlier in the schedule.
18 Defendants cannot claim that they would suffer any prejudice by amendment.

19 **3. Amendment is not futile.**

20 “A claim is considered futile and leave to amend to add it shall not be given if there is
21 no set of facts which can be proved under the amendment which would constitute a valid
22 claim or defense. Denial of leave to amend on this ground is rare.” *Netbula, LLC v. Distinct*
23 *Corp.*, 212 F.R.D. 534, 539 (N.D. Cal. 2003). *Accord Green Valley Corp. v. Caldo Oil Co.*,
24 No. 09cv4028-LHK, 2011 U.S. Dist. LEXIS 44540, 2011 WL 1465883, at *6 (N.D. Cal. Apr.
25 18, 2011) (noting “the general preference against denying a motion for leave to amend
26 based on futility.”). The preference in this Circuit is to grant leave to amend, and then
27 address the sufficiency of the new complaint through a 12(b)(6) motion to dismiss, rather
28 than litigating the amended complaint's merits through the futility prong. *Id. Accord Lillis*

1 *v. Apria Healthcare*, No. 12-cv-52-IEG (KSC), 2012 U.S. Dist. LEXIS 144775, 2012 WL
2 4760908, at *1 (S.D. Cal. Oct. 5, 2012) (“their arguments to the sufficiency of the proposed
3 pleadings, even if merited, remain better left for full briefing on a motion to dismiss.”).

4 The Court dismissed Plaintiff’s original complaint because Plaintiff “fail[ed] to come
5 close to alleging that Facebook and Twitter’s enforcement of their misinformation policies
6 against him were state action.” Dkt. 87 at 18. The Court did so because Plaintiff could not
7 make a sufficient allegation on speculation alone. But the Court left the door open for
8 amendment, acknowledging that Plaintiff could “learn[] facts that plausibly suggest that
9 ‘the state has so far insinuated itself . . .’” *Id.*, quoting *Gorenc*, 869 F.2d at 507. In doing so,
10 the Court implicitly acknowledged that such an amendment would not be futile. From the
11 facts uncovered by Plaintiff in his new proposed Am. Compl., Plaintiff has clearly
12 demonstrated that his claims are not futile and are supported by robust factual evidence.

13 CONCLUSION

14 For the foregoing reasons, Plaintiff Justin Hart seeks leave to amend his Complaint. As
15 indicated above, a true and correct copy of his proposed Amended Complaint is attached as
16 Exhibit A to this filing along with supporting Exhibits evidencing the New Information as
17 Exhibit B.
18

19
20 Dated: February 15, 2023

Respectfully submitted,

21 s/ Daniel Suhr

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**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION**

JUSTIN HART,
Plaintiff,

v.

META PLATFORMS, INC., Inc.; TWITTER,
INC.; VIVEK MURTHY in his official
capacity as U.S. Surgeon General; JOSEPH
R. BIDEN, JR. in his official capacity as
President of the United States; ROB
FLAHERTY, in his official capacity as
Deputy Assistant to the President and White
House Director of Digital Strategy; and
CAROL Y. CRAWFORD, in her official
capacity as Chief of Digital Media within the
Centers for Disease Control and Prevention,

Defendants.

Case No. 3:22-cv-00737-CRB

FIRST AMENDED COMPLAINT

DEMAND FOR JURY TRIAL

INTRODUCTION

1. “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. The [United States Supreme] Court has sought to protect the right to speak in this spatial context.” *Packingham v. North Carolina*, 137 S. Ct. 1730, 1735 (2017).

2. “While in the past there may have been difficulty in identifying the most important places (in a spatial sense) for the exchange of views, today the answer is clear. It is cyberspace — the ‘vast democratic forums of the Internet’ in general, *Reno v. American Civil Liberties Union*, 521 U. S. 844, 868 (1997), and social media in particular.” *Packingham*, 137 S. Ct. at 1735.

3. The Internet is a “dynamic, multifaceted category of communication” that “includes not only traditional print and news services, but also audio, video, and still images, as well as interactive, real-time dialogue.” *Reno*, 521 U. S. at 870.

4. Congress determined that “[t]he Internet and other interactive computer services offer a forum for a true diversity of political discourse, unique opportunities for cultural development, and myriad avenues for intellectual activity.” 47 U.S.C. § 230(a)(3). And Congress further found that “[t]he Internet and other interactive computer services have flourished, to the benefit of all Americans, with a minimum of government regulation.” 47 U.S.C. § 230(a)(4).

5. It is the policy of the United States “to preserve the vibrant and competitive free market that presently exists for the Internet” that is “unfettered by Federal or State regulation.” 47 U.S.C. § 230(b)(2).

6. Here, the Defendants conspired to remove from the Internet—a public forum devoted to the marketplace of ideas—valid public health messages and social media posts by Plaintiff, Justin Hart, and others, because they disagreed with the viewpoint and message expressed in such posts on the Internet, which contradicted the federal government’s COVID-19 public health message and views expressed.

7. The Federal Government Defendants (President Biden, Surgeon General Murthy, Flaherty, and Crawford) publicly criticized, exerted pressure, and threatened the Social Media Defendants (Meta Platforms, Inc. and Twitter, Inc.) and other social media platforms for allowing views opposed to the federal government’s COVID-19 public health message to be posted on their platforms that access the Internet.

8. Such coercive, bullying, and intimidating threats and tactics by government officials designed to censor speech through private social media companies have been referred to as illegal jawboning.¹ “The term ‘jawboning’ was first used [during World War II] to describe official speech intended to control the behavior of businessmen and financial markets.”²

9. The Ninth Circuit has long recognized the inherent problems associated with illegal jawboning techniques where government officials desired effect is censoring lawful free speech rights under the First Amendment. *See, e.g., Writers Guild of America, West, Inc. v. American Broadcasting Co., Inc.*, 609 F. 2d 355, 365 (9th Cir.1979) (“Regulation through ‘raised eyebrow’ techniques or through forceful jawboning is commonplace in the administrative context, and in some instances may fairly be characterized . . . as official action by the agency.”) (footnotes omitted), *cert. denied*, 449 U.S. 824 (1980); *see Bantam Books, Inc. v. Sullivan*, 372 U.S. 52, 64 (1963) (holding government threats that amount to a censorship scheme violate free speech rights under the First Amendment.); *see also Backpage.com, LLC v. Dart*, 807 F. 3d 229, 231 (7th Cir. 2015) (Posner, J.) (“The First Amendment forbids a public official to attempt to suppress the protected speech of private persons by threatening that legal sanctions will at his urging be imposed unless there is

¹ See Will Duffield, *Jawboning against Speech: How Government Bullying Shapes the Rules of Social Media*, Policy Analysis no. 934, Cato Institute, Washington D.C. (Sep. 12, 2022), available at <https://www.cato.org/policy-analysis/jawboning-against-speech>.

² *Id* at p.2.

1 compliance with his demands.”).

2 10. And in private communications, the Federal Government Defendants held regular
3 “be-on-the-lookout” warning meetings with the Social Media Defendants and overtly
4 instructed them on the specific types of so called COVID-19 “disinformation” or
5 “misinformation” that should be excluded from their platforms and the Internet, regardless
6 of whether such public posts violated the Social Media Defendants’ terms, conditions, and
7 policies on “disinformation” or “misinformation.” The Social Media Defendants even
8 adjusted their policies and algorithms on valid public health messages and acceptable
9 viewpoints on the Internet to align with the Federal Government Defendants’ pre-approved
10 COVID-19 public health message and viewpoint.

11 11. The Social Media Defendants removing from the Internet COVID-19 related posts
12 that opposed or contradicted the Federal Government Defendants’ COVID-19 message—
13 such as Hart’s posts—violated the Social Media Defendants’ terms, conditions, and policies
14 on “disinformation” or “misinformation,” because they acquiesced under duress to coercive
15 pressure from the Federal Government Defendants.

16 12. Some of the Social Media Defendants further acquiesced under duress by giving the
17 Federal Government Defendants millions of dollars in free advertising on their private
18 platforms so the government’s COVID-19 public health message would not be challenged
19 on the Internet, despite the private Social Media Defendants substantially earning their
20 revenue from third party advertising on their social media platforms.

21 13. The Federal Government Defendants knowingly received a benefit from the Social
22 Media Defendants excluding from the Internet opposing views to the government’s COVID-
23 19 public health message such as Hart’s public posts, because the government’s views were
24 unchallenged and without public scrutiny on the “vibrant and competitive free market that
25 presently exists for the Internet” in violation of United States policy. 47 U.S.C. § 230(b)(2).

26 14. The Federal Government Defendants also knowingly received a financial benefit
27 from some of the Social Media Defendants’ financial gifts of millions of dollars in free
28

1 advertising to promote the government’s COVID-19 public health message, because the
2 Federal Government Defendants did not have to pay for a service—advertising its COVID-
3 19 public health message on the Internet—that others who sought and paid for message
4 advertising on the Internet, such as Hart, were required to pay to the Social Media
5 Defendants.

6 15. First, Hart brings this action to defend the freedom of speech under the First
7 Amendment from viewpoint-based, discriminatory collusion between private social media
8 companies and the federal government, because they jointly removed his COVID-19 social
9 media posts from the Internet since Hart’s posts contradicted the federal government’s
10 COVID-19 public health message and views.

11 16. “It is axiomatic that the government may not regulate speech based on its
12 substantive content or the message it conveys.” *Rosenberger v. Rector & Visitors of the*
13 *Univ. of Va.*, 515 U.S. 819, 828 (1995). Under the Free Speech Clause of the First
14 Amendment, “discrimination against speech because of its message is presumed to be
15 unconstitutional.” *Id.*

16 17. A conspiracy between private and governmental actors satisfies the joint action test
17 when they have had a “meeting of the minds” to “violate constitutional rights.” *Fonda v.*
18 *Gray*, 707 F. 2d 435, 438 (9th Cir. 1983). When a government actor has “so far insinuated
19 itself into a position of interdependence” with private actors it is recognized as a joint
20 participant in the challenged constitutional deprivation. *See Gorenc v. Salt River Project*
21 *Agr. Imp. & Power Dist.*, 869 F. 2d 503, 507 (9th Cir. 1989) (quoting *Burton v. Wilmington*
22 *Parking Auth.*, 365 U.S. 715, 725 (1961)). Such joint action between government and
23 private parties transforms private actors into state actors. *See Pasadena Republican Club*
24 *v. W. Justice Ctr.*, 985 F. 3d 1161, 1167 (9th Cir. 2021).

25 18. When the federal government admits to conspiring with social media companies to
26 censor messages on the Internet with which it disagrees, as it has in this case, both the
27 government and the private companies are guilty of unconstitutional viewpoint
28 discrimination: “Joint action exists where the government . . . encourages . . .

1 unconstitutional conduct through its involvement with a private party” *Ohno v.*
2 *Yasuma*, 723 F.3d 984, 996 (9th Cir. 2013) (cleaned up). Joint action further occurs when
3 there is “substantial cooperation” between the private and state actors, or their actions
4 were “inextricably intertwined.” *Brunette v. Humane Society of Ventura Cnty.*, 294 F. 3d
5 1205, 1211 (9th Cir. 2002).

6 19. This Court should declare the actions of Defendants Meta Platforms, Inc., f/k/a
7 Facebook, Inc., Twitter, Inc., President Biden, Surgeon General Murthy, Flaherty, and
8 Crawford unconstitutional and permanently enjoin them from monitoring, flagging,
9 censoring, and deleting social media posts on the Internet based on the viewpoints the
10 posts espouse that contradict the federal government’s pre-approved viewpoint. The Court
11 should further enjoin the Social Media Defendants from adjusting their policies on
12 misinformation to align with the Federal Government Defendants’ misinformation policies.

13 20. Second, Defendants Meta Platforms, Inc., f/k/a Facebook, Inc., and Twitter, Inc. are
14 liable under the doctrine of promissory estoppel for promising Hart the use of their social
15 media platforms to access the Internet so he could further his business interests and then
16 rescinding this promise after he relied on them to his detriment.

17 21. Third, Defendant Meta Platforms, Inc., f/k/a Facebook, Inc., is liable to Hart for
18 intentional interference with a contract for knowingly denying him the ability to fulfill his
19 contractual duty to administer the Facebook account of Donorbureau, LLC.

20 22. Fourth, Defendant Meta Platforms, Inc., f/k/a Facebook, Inc., is liable to Hart for
21 negligent interference with a prospective economic advantage for knowingly disrupting the
22 contractual relationship between Donorbureau, LLC and him by preventing him from
23 administering the Facebook account of Donorbureau.

24 23. For these reasons, Hart brings this lawsuit and seeks declaratory, injunctive, and
25 monetary relief for the constitutional deprivation, injuries, and injustices he has suffered
26 at the hands of the Defendants.

PARTIES

24. Plaintiff, Justin Hart, is a natural person domiciled in San Diego County, California.

25. Defendant Meta Platforms, Inc., f/k/a Facebook, Inc., (“Facebook”) is a publicly traded corporation incorporated in Delaware with a principal place of business at 1601 Willow Road, Menlo Park, California in San Mateo County.

26. Defendant Twitter, Inc. (“Twitter”) is a publicly traded corporation incorporated in Delaware with a principal place of business at 1355 Market Street, Suite 900, San Francisco, California in the City and County of San Francisco.

27. Defendant Vivek Murthy is sued in his official capacity as the Surgeon General of the United States. In that role, he directs the office of the Surgeon General, a part of the Department of Health and Human Services (“HHS”) agency within the Executive Branch of the federal government.

28. Defendant Joseph R. Biden, Jr. is sued in his official capacity as the President of the United States. In that role, he directs the Executive Branch of the federal government, including the Office of Management and Budget (“OMB”), White House staff, and HHS.

29. Defendant Rob Flaherty is sued in his official capacity as the Deputy Assistant to the President of the United States and Director of Digital Strategy at the White House.

30. Defendant Carol Y. Crawford is sued 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 (“CDC”). The CDC is an agency within HHS and the Executive Branch of the federal government.

JURISDICTION AND VENUE

31. This case raises federal claims under the First Amendment of the United States Constitution; therefore, the Court has subject-matter jurisdiction over this action pursuant to 28 U.S.C. § 1331.

32. This Court has jurisdiction to issue injunctive relief to protect constitutional rights. *Free Enter. Fund v. Pub. Co. Accounting Oversight Bd.*, 561 U.S. 477, 491 n.2 (2010).

33. The Court has jurisdiction to issue declaratory relief pursuant to 28 U.S.C. § 2201 and to order further necessary or proper relief based on a declaratory judgment or decree pursuant to 28 U.S.C. § 2202.

34. The Court has supplemental jurisdiction over the California state law claims pursuant to 28 U.S.C. § 1367.

35. The Court has personal jurisdiction over Defendants Murthy, Biden, Flaherty, and Crawford because they are officers of, or oversee agencies of, the United States.

36. The Court has personal jurisdiction over Defendants Facebook and Twitter because they maintain their principal places of business in California.

37. Venue is appropriate in this district because Facebook and Twitter maintain their principal places of business here and a substantial part of the events giving rising to the claims occurred in this district.

FACTUAL ALLEGATIONS

Facebook offered the government \$15 million dollars in free COVID-19 advertising

38. On February 21, 2021, Payton Iheme, a Facebook employee in charge of U.S. Public Policy at the social media platform, sent an email to Carol Crawford, an employee of the CDC. The CDC is a public health agency within HHS and its employees work with Surgeon General Murthy on public health issues such as COVID-19. A true and correct copy of this email string between Facebook's Iheme and the CDC's Crawford is attached as ***Exhibit 1***.

39. In the email, Facebook employee Iheme offered CDC and the federal government a \$15 million-dollar in-kind donation to allow the government to advertise for free its COVID-19 public health message on Facebook's private platform and the Internet. *Id.*

40. CDC employee Crawford responded to Facebook's offer on the same day, stating, "Thank you for this amazing offer. We'll work with our policy staff on next steps." *Id.*

The government placed a condition on the \$15 million gift and Facebook accepted

41. On April 5, 2021, Dia Taylor, CDC's Acting Chief Operating Officer, sent an email to Facebook's Iheme and copied Crawford and other CDC employees. The email contained an attached letter, and true copies of the email and letter are attached hereto as ***Exhibit 2***.

42. In the letter from the CDC to Facebook, the federal government placed a “Publicity and Endorsements” conditional clause on Facebook’s \$15 million gift of free COVID-19 advertising. This clause required Facebook to not use the name of HHS, CDC, or any related federal agencies regarding the federal government’s COVID-19 public health messages to be posted on Facebook and the Internet. *Id.*

43. The “Publicity and Endorsements” clause further required Facebook to “clear all publicity materials for this gift with HHS and CDC to ensure compliance with this paragraph.” *Id.*

44. Facebook acknowledged there was a meeting of the minds by accepting the federal government’s “Publicity and Endorsements” conditional clause, evidenced by Theme’s signature to the letter. Theme then emailed a copy of the signed acceptance letter to the CDC on April 8, 2022. *Id.*

The government held “Be-on-the-lookout” meetings with social media companies

45. Beginning in May of 2021, the CDC scheduled regular “be-on-the-lookout” or BOLO meetings with social media platforms, including Facebook and Twitter, and provided detailed and specific instructions on what the government deemed to be COVID-19 disinformation or misinformation and what information the private social media companies should or should not allow on their platforms and on the Internet.

46. On May 6, 2021, the CDC sent an email to Facebook with examples of what COVID-19 messages were inappropriate for the public on private social media platforms and the Internet. Attached as ***Exhibit 3*** is a true and correct copy of this email.

47. On May 14, 2021, the CDC’s Crawford sent an email inviting social media companies including Facebook and Twitter to participate in a BOLO meeting and included a slide presentation related to COVID-19 “Misinformation.” Attached as ***Exhibit 4*** is a true and correct copy of this email along with the COVID-19 slide presentation.

48. On May 28, 2021, the CDC sent an email invitation for a second BOLO meeting with social media platforms including Facebook and Twitter, on COVID-19

1 “Misinformation.” Attached as **Exhibit 5** is a true and correct copy of this email along with
2 the COVID-19 slide presentation.

3 49. On June 18, 2021, the CDC sent another email invitation for a third BOLO meeting
4 with social media platforms including Facebook and Twitter, on COVID-19

5 “Misinformation.” Attached as **Exhibit 6** is a true and correct copy of this email along with
6 the COVID-19 slide presentation.

7 50. These BOLO meetings held in May and June, between the federal government and
8 private social media platforms, including Facebook and Twitter, followed a trend that
9 began in December of 2020, with the CDC’s Crawford initially emailing Facebook about
10 COVID-19 “Misinformation.” Attached as **Exhibit 7** is a true and correct copy of this
11 December 2020 email, along with a COVID-19 slide presentation.

12 ***Deplatforming Justin Hart and removing his posts from the Internet***

13 51. In early July of 2021, in preparation for the upcoming school year, the CDC updated
14 its guidelines and recommended that young children should continue to wear masks at
15 school but vaccinated older students and teachers did not need to wear masks.³

16 52. Following Facebook’s \$15 million-dollar gift to the federal government, regular
17 government BOLO instructional meetings with Facebook and Twitter, and the CDC’s
18 updated masking guidelines for children, on or around July 13, 2021, Hart posted to his
19 personal Facebook page and on the Internet a graphic entitled, “Masking Children is
20 Impractical and Not Backed by Research or Real World Data.”

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28 ³ <https://www.chalkbeat.org/2021/7/9/22570068/new-cdc-guidance-schools-masks> (last
visited Oct. 10, 2022).

53. Below is a photo of the graphic in Hart's post:



54. The graphic Hart posted is science-based, contains footnotes to scientific evidence supporting its claims, and is a valid public health message.

55. Facebook flagged the above post on or around July 13, 2021, with the following notice:

You can't post or comment for 3 days.

This is because you previously posted something that didn't follow our Community Standards.

This post goes against our standards on misinformation that could cause physical harm, so only you can see it.

Learn more about updates to our standards.

56. On or around July 18, 2021, Hart posted to his personal Twitter page and on the Internet a tweet that read:

So the CDC just reported that 70% of those who came down with #COvId19 symptoms had been wearing a mask. We know that masks don't protect you... but at some point you have to wonder if they are PART of the problem.

57. Although Hart's post stated a valid public health message, Twitter locked Hart's account on or around July 18, 2021, after his post, with the following notice sent to his email:

Hi Justin Hart,

Your Account, @justin_hart has been locked for violating the Twitter Rules.

Specifically for: Violating the policy on spreading misleading and potentially harmful information related to COVID-19.

President Biden, the White House, and Surgeon General Murthy

58. Within days of these two removals of Hart's posts from the Internet, Defendant Biden's administration revealed publicly that it was directing social media companies to remove posts that bucked their party line on COVID-19.

59. On July 15, 2021, at a White House Press Conference, Defendant Surgeon General Murthy stated, "We're asking [our technology companies] to consistently take action against misinformation super-spreaders on their platforms."⁴

60. The White House revealed that a team of government employees was actively researching and tracking social media posts with which it disagreed and relaying those posts to social media companies with instructions to take them down from the Internet.

61. Former White House Press Secretary Jen Psaki admitted, "We've increased disinformation research and tracking within the Surgeon General's office. We're flagging problematic posts for Facebook that spread disinformation."⁵

62. Psaki also revealed that the White House effort to suppress free speech on the

⁴ Vivek H. Murthy, White House Press Briefing (July 15, 2021), transcript available 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/> (last visited Aug. 18, 2021).

⁵ Jen Psaki, White House Press Briefing (July 15, 2021), transcript available 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/> (last visited Aug. 18, 2021).

Internet that contradicted the government’s COVID-19 public health message reaches all the way to the level of senior staff for Defendant Biden’s administration.

63. Psaki gave a glimpse of how the scheme works: “we 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”⁶

64. Emails confirm Psaki’s public comments. For example, in February and March of 2021, Facebook conducted a survey, shared its survey data with the CDC, and held meetings with government employees to discuss COVID-19 vaccine hesitancy on Facebook’s platform and the Internet. Attached as **Exhibit 8** are true and correct copies of emails regarding this communication between Facebook and the CDC.

65. Psaki further revealed in public comments that the far-reaching government effort targeted multiple posts on multiple social media sites and the Internet exclaiming, “You shouldn’t be banned from one platform and not others.”⁷

66. Against United States policy as set forth by Congress “to preserve the vibrant and competitive free market that presently exists for the Internet” that is “unfettered by Federal or State regulation” 47 U.S.C. § 230(b)(2), Defendants Biden and Murthy directed four key changes for social media platforms and the Internet.

67. First, Biden and Murthy directed that private companies “measure and publicly share the impact of misinformation on their platform.”⁸

68. Second, Biden and Murthy directed social media companies to “create a robust enforcement strategy that bridges their properties and provides transparency about the rules.”⁹

⁶ *Id.*

⁷ Jen Psaki, White House Press Briefing (July 16, 2021), transcript available at <https://www.whitehouse.gov/briefing-room/press-briefings/2021/07/16/press-briefing-by-press-secretary-jen-psaki-july-16-2021/> (last visited Aug. 18, 2021).

⁸ Psaki, *supra* n. 3.

⁹ *Id.*

69. Third, Biden and Murthy stressed that “it’s important to take faster action against harmful posts” because “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[.]”¹⁰

70. Fourth, Biden and Murthy directed Facebook to “promote quality information in their feed algorithm.”¹¹ No definition was provided by Biden and Murthy publicly as to the government’s definition of “quality information.”

71. At the direction of Biden, Murthy created and published a 22-page Advisory with instructions on how social media companies should remove posts with which Murthy and Biden disagree.¹²

72. Biden further threatened social media companies who do not comply with his directives by publicly shaming and humiliating them, stating, “They’re killing people.”¹³

73. Emails between Facebook and the government confirm that Facebook had used its proprietary tool “CrowdTangle” to monitor and report on social media posts that contradicted the federal government’s COVID-19 message and shared such information with the government. Attached as **Exhibit 9** are true and correct copies of emails regarding this communication between Facebook and the CDC regarding CrowdTangle reports.

74. At the direction of the Federal Government Defendants Biden and Murthy, Facebook used CrowdTangle, along with social media algorithms designed to cast a wide net, to remove posts from the Internet that contradicted the government line on COVID-19,

¹⁰ *Id.*

¹¹ *Id.*

¹² Vivek H. Murthy, *Confronting Health Misinformation: The U.S. Surgeon General’s Advisory on Building a Healthy Information Environment* (2021), available at <https://www.hhs.gov/sites/default/files/surgeon-general-misinformation-advisory.pdf> (last visited Aug. 18, 2021).

¹³ Lauren Egan, “*They’re killing people*”: Biden blames Facebook, other social media for allowing Covid misinformation, NBC News (July 16, 2021, 4:10 PM), available at <https://www.nbcnews.com/politics/white-house/they-re-killing-people-biden-blames-facebook-other-social-media-n1274232> (last visited Aug. 18, 2021).

1 regardless of whether such posts violated Facebook's terms of service.

2 75. For example, in April of 2021, the CDC's Crawford and Facebook's Itheme
3 communicated via email that the Wyoming Public Health Department notified the federal
4 government that Facebook's and other platforms' algorithms, intended to screen out
5 COVID-19 "misinformation," were also screening out "valid" public health messaging,
6 including social media posts on the Internet by the Wyoming Public Health Department.
7 Attached as **Exhibit 10** is a true and correct copy of this email communication.

8 76. Like the Wyoming Public Health Department's valid public health message that
9 was wrongfully removed from the Internet because of social media platforms' adjusted
10 algorithms, Hart's public Facebook and Twitter posts in July of 2021 were valid public
11 health messages wrongfully removed from the Internet by algorithms designed jointly by
12 the Federal Government Defendants and the Social Media Defendants.

13 77. Defendants Biden and Murthy directed Defendants Facebook and Twitter to design
14 specific algorithms to identify and remove social media posts from the Internet that
15 contradicted the federal government's COVID-19 public health message and viewpoint. The
16 Social Media Defendants substantially cooperated with the Federal Government
17 Defendants' request by designing algorithms that would target viewpoint messages and
18 posts that contradicted the federal government's COVID-19 public health viewpoint,
19 resulting in Hart's social media posts being removed from the Internet.

20 78. On July 23, 2021, ten days after Facebook removed Hart's valid public health
21 message from Facebook's platform and the Internet, Facebook employee Nick Clegg
22 emailed Defendant Surgeon General Murthy. In the email, Clegg advised Murthy that
23 Facebook had recently taken steps "to adjust policies on what we are removing for
24 misinformation." Attached as **Exhibit 11** is a true and correct copy of this email
25 communication.

26 79. Clegg's tone in his email to Surgeon General Murthy was defensive, and he stated,
27 "We hear your call for us to do more and, as I said on the call, we're committed to working
28 toward our shared goal of helping America get on top of this pandemic." *Id.*

80. Clegg continued with his defensive and submissive posture in his email to Defendant Murthy, and he said, “We will reach out directly to DJ to schedule the deeper dive on how to best measure Covid related content and how to proceed with the question around data.” *Id.*

81. On information and belief, “DJ” is not employed by Facebook, does not have authority and control over Facebook’s misinformation policies and terms of service, and “DJ” operates under the authority and control of Murthy, the Executive Branch, and the federal government.

82. Clegg further stated to Murthy, “We’d also like to begin a regular cadence of meetings with your team so that we can continue to update you on our progress.” *Id.* Clegg also noted to Surgeon General Murthy, “You have identified 4 specific recommendations for improvement, and we want to make sure to keep you informed of our work on each.” *Id.*

83. On information and belief, these “4 specific recommendations for improvement” Clegg referred to in his email to Surgeon General Murthy are the same 4 Executive Branch policy recommendations Psaki stated in her July 16, 2021, press briefing. *See supra*, Psaki transcript, n.5.

84. The following month, on August 20, 2021, Clegg sent Murthy a lengthy email because Surgeon General Murthy requested an update. Attached as ***Exhibit 12*** is a true and correct copy of this email communication.

85. In that email, Clegg stated to Defendant Murthy, “You asked for an update on existing and new steps Facebook is taking.” Clegg noted to date that Facebook had removed over 20 million pieces of content for COVID-related misinformation. *Id.*

86. Clegg further stated to Murthy, “In light of our conversation we have been reviewing our efforts to combat COVID-19 and are eager to continue working toward our shared goal of helping more people get vaccinated and limiting the spread of harmful misinformation.” *Id.*

Facebook

87. Defendant Facebook is one of the most popular social media sites in the world. It

boasts “more than 2.8 billion monthly users worldwide,” who use it for both business and pleasure.¹⁴ Almost 70% of Americans use Facebook in some capacity.¹⁵ Of these users, 70% visit Facebook daily.¹⁶

88. Facebook’s services involve creating a sort of personal website for its users who can post pictures of themselves and others, create posts on their wall where they can “debate religion and politics with their friends and neighbors or share vacation photos.” *Packingham*, 137 S. Ct. at 1735. These posts are published on the Internet and can also include links to news articles and videos. Other users can post comments on a user’s posts and thereby have a dialogue with one another. Users may also send each other direct messages through Facebook’s Messenger feature.

89. Given this tremendous opportunity to network and speak with other people throughout the United States and even the world on the Internet, users frequently use Facebook to promote their business. “There are over 60 million active business [p]ages” on Facebook.¹⁷ Millions of businesses pay to be active advertisers.¹⁸

90. Facebook’s hosting of advertisements is very lucrative for it. In 2018, it generated a total of \$55.8 billion in revenue, 99% of which came from ads on Facebook and other platforms that it owns, such as Instagram.¹⁹

91. On December 31, 2021, the same fiscal year when Facebook made its \$15 million

¹⁴ John Gramlich, *10 facts about Americans and Facebook*, Pew Research Center (June 1, 2021), available at <https://www.pewresearch.org/fact-tank/2021/06/01/facts-about-americans-and-facebook/> (last visited Aug. 18, 2021).

¹⁵ *Id.*

¹⁶ *Id.*

¹⁷ Kit Smith, *53 Incredible Facebook Statistics and Facts*, Brandwatch (June 1, 2019), available at <https://www.brandwatch.com/blog/facebook-statistics/> (last visited Aug. 18, 2021).

¹⁸ *Id.*

¹⁹ Erin Black, *How Facebook makes money by targeting ads directly to you*, CNBC (Apr. 2, 2019), available at https://www.cnbc.com/2019/04/02/how-facebook-instagram-whatsapp-and-messenger-make-money.html?__source=facebook%7Cmain&fbclid=IwAR05sCPLjY61T3UOfYNvQQZwOiMY64mJsnMQ0Lu4UNYqXkaXa1FUPpn1Huo (last visited Aug. 18, 2021).

1 free advertising donation to the Federal Government Defendants, Facebook filed its Form
2 10K Annual Report with the Securities and Exchange Commission (“SEC”).²⁰

3 92. In its 2021 filed Annual Report with the SEC, Facebook noted: “Substantially all of
4 our revenue is currently generated from third parties advertising on Facebook and
5 Instagram.”²¹

6 93. Facebook’s terms of service invite businesses to use its services to “connect with
7 [other people], build communities, and grow businesses.”²² Facebook describes its services
8 as “[e]mpower[ing] you to express yourself and communicate about what matters to you.”²³

9 94. The terms of service require users to follow Facebook’s “Community Standards.”²⁴
10 Those standards state that Facebook is “a service for more than two billion people to freely
11 express themselves across countries and cultures and in dozens of languages.”²⁵ They go on
12 to state, “To ensure that everyone’s voice is valued, we take great care to craft policies that
13 are inclusive of different views and beliefs, in particular those of people and communities
14 that might otherwise be overlooked or marginalized.”²⁶

15 95. The limits on this pro-free-speech stance include abstract categories such as
16 “Violence and Criminal Behavior,” “Safety” (which includes “Suicide and Self-Injury,”
17 “Child Sexual Exploitation, Abuse, and Nudity,” “Sexual Exploitation of Adults,” “Bullying
18 and Harassment,” “Human Exploitation,” and “Privacy Violations and Image Privacy
19 Rights”), “Objectionable Content” (which includes “Hate Speech,” “Violent and Graphic
20 Content,” “Adult Nudity and Sexual Activity,” and “Sexual Solicitation”), “Integrity and
21

22 ²⁰ <https://www.sec.gov/Archives/edgar/data/1326801/000132680122000018/fb-20211231.htm>
23 (last visited Oct. 10, 2022).

24 ²¹ *Id.* at p. 15.

25 ²² Terms of Service, Facebook, *available at* <https://www.facebook.com/terms.php> (last
26 revised Oct. 22, 2020) (last visited July 19, 2021).

27 ²³ *Id.*

28 ²⁴ *Id.*

²⁵ Community Standards, Facebook, *available at*
<https://www.facebook.com/communitystandards/> (last visited July 19, 2021).

²⁶ *Id.*

Authenticity,” (which includes “Account Integrity and Authentic Identity,” “Spam,” “Cybersecurity,” “Inauthentic Behavior,” “False News,” “Manipulated Media,” and “Memorialization”), and “Respecting Intellectual Property.” For the “False News” sub-category, Facebook states that “we do not remove false news from Facebook but we significantly reduce its distribution by showing it lower in News Feed.”²⁷

96. At no point in the terms of service or Community Standards does Facebook prohibit valid public health messages and viewpoints that oppose making children wear masks, such as Hart’s posts.

97. Further, at no point in the terms of service or Community Standards does Facebook mention that it would adjust its policies at or about the same time Hart posted on Facebook in July of 2021, and substantially cooperate with, and follow, Defendants Biden and Murthy’s “4 specific recommendations for improvement” Clegg referred to in his email to Surgeon General Murthy that Psaki mentioned in her July 16, 2021, press briefing.

98. Facebook voluntarily commits itself to be governed by an Oversight Board, which is an independent non-Article III quasi-judicial board that interprets Facebook’s content policies by reviewing content moderation decisions.

99. For example, in March of 2021, shortly before Facebook removed Hart’s valid public health message, the Oversight Board “upheld Facebook’s decision to leave up a post by a state-level medical council in Brazil which claimed that lockdowns are ineffective and had been condemned by the World Health Organization (WHO).”²⁸

100. Hart is an executive consultant with over 25 years’ experience creating data-driven solutions for Fortune 500 companies and presidential campaigns alike. He is the Chief Data Analyst and founder of RationalGround.com, which helps companies, public policy officials, and parents gauge the impact of COVID-19 across the country.

101. He has used Facebook’s services since 2007. He has roughly 1,700 Facebook users who follow his account, and roughly 3,000 Facebook friends.

²⁷ *Id.*

²⁸ <https://www.oversightboard.com/decision/FB-B6NGYREK/> (last visited October 20, 2022).

1 102. He uses his Facebook account as a feeder for his other social media accounts, as a
2 networking tool for his consulting business, and as a promotion for his online website,
3 RationalGround.com, where he sells subscriptions to his articles and research on COVID-
4 19 and the government's response to it.

5 103. Given Hart's use of Facebook for his business, he has purchased advertising on
6 Facebook to promote his consulting business. Over the years, Hart has spent thousands of
7 dollars on Facebook advertisements and has never been gifted free advertisement from
8 Facebook as it gifted the Federal Government Defendants.

9 104. Hart has also purchased advertising for his consulting clients over the years,
10 spending tens of thousands of dollars.

11 105. On his website RationalGround.com Hart offers some of his articles exclusively to
12 subscribers. His subscriptions generate thousands of dollars per month.

13 106. On April 23, 2021, Facebook restricted Hart's ability to post or comment for 24
14 hours because it claimed the following three posts violated its Community Standards:

15 a. On or around April 14, 2021, Hart created a post on Facebook
16 stating, "If you ever want to know where your BLM donation is going – the co-
17 founder 'trained Marxist' Patrisee Cullars – just bought this amazing home in
LA" and it included a link to a picture of the house.

18 b. That same day, a second post of his was removed from Facebook.

19 c. On April 23, 2021, he created a post stating: "This is the truth:
20 Covid is almost gone in America. Hospitals are literally empty. Every willing
21 senior has already been vaccinated. In a few weeks every willing adult can be...

22 107. Losing the ability to connect with people on the Internet through his Facebook
23 account has harmed Hart's online business and work to help educate and provide
24 information to others. He is also suffering injury because he serves as the administrator of
25 at least one of his client's Facebook pages. While Hart's personal account is suspended, he
26 cannot service this account.

27 108. Facebook's policies and standards for censorship on its platform and the Internet
28 are constantly shifting and adjusting in accordance with Defendants Biden and Murthy's

1 direction on COVID-19 “misinformation” and the federal government’s pre-approved public
2 health message and views allowed on the Internet.

3 109. For example, since early 2020, there has been widespread debate over whether
4 COVID-19 was made by humans in a lab in Wuhan, China, and escaped from the lab or
5 whether it started naturally through animal-to-human transmission.

6 110. Despite this public health debate, in February 2020, Facebook announced it would
7 remove posts that suggested the virus was man-made, stating that the theory had been
8 debunked by public health officials.²⁹

9 111. But in May 2021, after Defendant Biden acknowledged the possibility of the
10 theory, Facebook adjusted and reversed its policy to align with Biden’s view and announced
11 that it would no longer remove posts expressing that viewpoint.³⁰ Therefore, Facebook is
12 stifling the free debate of scientific theories and valide public health messages on the
13 Internet such as Hart’s by taking its directions from the Federal Government Defendants.

14 *Twitter*

15 112. Defendant Twitter is also a popular social media site; more than one in five adult
16 Americans use the platform.³¹ Of these users, 46% visit Twitter daily.³²

17 113. Twitter’s services involve creating a personal profile from which its users can
18 “tweet”—meaning post messages, photos, and weblinks to their feed for other users to see.
19 Users can “like”, repost, or reply to other users’ tweets.

20
21 _____
22 ²⁹ Peter Suci, *Social Media About Face: Facebook Won’t Remove Claims Covid Was Man-*
23 *Made*, Forbes (May 28, 2021, 3:39 PM), available at
24 [https://www.forbes.com/sites/petersuci/2021/05/28/social-media-about-face-facebook-wont-](https://www.forbes.com/sites/petersuci/2021/05/28/social-media-about-face-facebook-wont-remove-claims-covid-was-man-made/?sh=d21e05c6aa1a)
25 [remove-claims-covid-was-man-made/?sh=d21e05c6aa1a](https://www.forbes.com/sites/petersuci/2021/05/28/social-media-about-face-facebook-wont-remove-claims-covid-was-man-made/?sh=d21e05c6aa1a) (last visited Aug. 18, 2021).

26 ³⁰ Donie O’Sullivan & Jordan Valinsky, *Facebook will no longer remove claims that Covid-*
27 *19 was man-made*, CNN Business (May 27, 2021, 12:16 PM), available at
28 <https://www.cnn.com/2021/05/27/tech/facebook-covid-19-origin-claims-removal/index.html>
(last visited Aug.18, 2021).

³¹ Brooke Auxier & Monica Anderson, *Social Media Use in 2021*, Pew Research Center (Apr.
7, 2021), available at [https://www.pewresearch.org/internet/2021/04/07/social-media-use-in-](https://www.pewresearch.org/internet/2021/04/07/social-media-use-in-2021/)
2021/ (last visited July 19, 2021).

³² *Id.*

1 114. Twitter allows users to have a dialogue on a variety of issues, including topics of
2 national importance. 42% of U.S. adults on Twitter say they use the site to discuss
3 politics.³³ Twitter is known for being “one of the social media sites with the most news-
4 focused users.”³⁴ 71% of adult Twitter users in the U.S. use the site to get news.³⁵

5 115. “The Twitter Rules” proclaim that “Twitter’s purpose is to serve the public
6 conversation.”³⁶

7 116. The limitations on that “public conversation” include tweets that threaten or
8 glorify violence or terrorism, sexually exploit children, abuse or harass other people,
9 promote self-harm or suicide, show excessively gory media or adult content within live
10 videos or profile photos, or serve any unlawful purpose.³⁷

11 117. At no point in the terms of service or Twitter Rules does Twitter prohibit valid
12 public health messages and viewpoints that oppose wearing masks. Nor do the terms of
13 service or Twitter Rules state that Twitter would have regular BOLO meetings with the
14 Federal Government Defendants to get instruction and direction on COVID-19
15 “misinformation.”

16 118. Hart has used Twitter’s services since 2007.

17 119. He uses his Twitter account as a feeder for his other social media accounts, as a
18 networking tool for his consulting business, and to promote his website
19 RationalGround.com, where he sells subscriptions to his articles and research on COVID-
20 19 and the government’s response to it.

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24 ³³ Adam Hughes & Stefan Wojcik, *10 facts about Americans and Twitter*, Pew Research
25 Center (Aug. 2, 2019), *available at* <https://www.pewresearch.org/fact-tank/2019/08/02/10-facts-about-americans-and-twitter/> (last visited July 19, 2021).

26 ³⁴ *Id.*

27 ³⁵ *Id.*

28 ³⁶ The Twitter Rules, Twitter, *available at* <https://help.twitter.com/en/rules-and-policies/twitter-rules> (last visited Aug. 19, 2021).

³⁷ *Id.*

120. Hart has purchased ads on Twitter to promote his consulting business. Over the years, he has spent thousands of dollars on Twitter ads. Hart planned to increase his use of Twitter advertising, but Twitter has denied him the ability to do so.

121. Losing the ability to communicate with people through his Twitter account has harmed his online business.

Missouri v. Biden

122. There is a similar pending case to this case, *State of Missouri v. Biden*, Case No. 3:22-cv-01213-TAD-KDM, in the United States District Court for the Western District of Louisiana, Monroe Division.

123. On October 21, 2022, that court issued a 28-page Memorandum Order Regarding Witness Depositions (“Order”). A copy of the Order is attached as ***Exhibit 13***.

124. In the Order, District Judge Terry A. Doughty explained that plaintiffs’ claims involve allegations of collusion between the federal government and private social media companies to suppress disfavored views and content on social media platforms by labeling such content “dis-information,” “mis-information,” and “mal-information.”

125. The court further determined that expedited discovery and depositions were appropriate for 10 witnesses. Three of the witnesses to be deposed as set forth in the Order are either parties in this case or play a prominent role in the allegations of this case.

126. The three individuals and witnesses relevant to this case with Judge Doughty’s analysis as to why they should submit to depositions and expedited discovery in *State of Missouri v. Biden* are as follows:

• Jennifer Psaki – Former White House Press Secretary

127. The *Missouri* court noted that Psaki had made a series of public statements at press conferences in her former role as Press Secretary.

128. Judge Doughty found that Psaki had publicly spoken of pressuring social media companies to censor disfavored views related to COVID-19 misinformation.

129. In ordering her to submit to a deposition, the Court found that “Psaki has made a number of statements that are relevant to the Government’s involvement in a number of

1 social-media platforms' efforts to censor its users across the board for sharing information
2 related to COVID-19."

3 • **Dr. Vivek Murthy – Surgeon General**

4 130. The court found that Dr. Murthy, a named defendant in this case, had publicly
5 criticized "tech companies" by asserting that they are responsible for COVID-19 deaths due
6 to their failure to censor "misinformation."

7 131. And that Murthy also engaged in communications with high-level Facebook
8 executives about the "demand" for greater censorship of COVID-19 "misinformation."

9 132. Judge Doughty determined that Murthy's actions went beyond the scope of his
10 rank as Surgeon General. In ordering his deposition, the court found that "Dr. Murthy
11 made public statements about how the [social] media companies' failure to censor its users
12 resulted in COVID-19 deaths."

13 • **Carol Y. Crawford – CDC's Chief of the Digital Media Branch**

14 133. The court addressed Crawford's organization of the BOLO meetings referenced
15 above, which were essentially meetings that attempted to "quell the spread of
16 misinformation" related to COVID-19.

17 134. In ordering her deposition, the court found that "Crawford organized meetings and
18 engaged in a number of communications with social-media officials, and the contents of
19 those meetings and communications are highly important for the issues presented by this
20 case."

21 135. On November 15, 2022, Crawford submitted to a video deposition. A copy of the
22 Crawford deposition transcript is attached as ***Exhibit 14***.

23 136. In her deposition, Crawford testified that the federal government had insinuated
24 itself into a position of interdependence with the Social Media Defendants by holding
25 regular BOLO meetings to assist them with implementing their misinformation policies on
26 their private platforms and the Internet.

27 137. For example, Crawford explained this interdependence between the federal
28 government and Social Media Defendants in her deposition as follows:

1 Q; What's BOLO?

2 A: Be on the lookout.

3 Q. Why were you concerned about this?

4 A. Similar to all the other BOLOs, we still thought it was good to point out if we had facts
5 around something that was widely circulating as a cause of misinformation to the
6 platforms to assist them in whatever they were going to do with their policy or not do. And
7 this was one that was kind of growing, and we had a lot of facts about it, and the team was
8 concerned about this, this misunderstanding.

9 Crawford Depo., **Exhibit 14**, p. 153-54, Lines 20-26.

10 138. In addition to the three individuals above named in the Order in *Missouri v. Biden*,
11 emails were produced in discovery in that case from federal government employee Rob
12 Flaherty to anonymous Facebook officials. Attached hereto as **Exhibit 15** are the
13 Flaherty emails in and around March of 2021.

14 139. The Flaherty emails were not produced by the federal government to Hart in this
15 case pursuant to his FOIA claim.

16 140. The Flaherty emails' subject line is, "You are hiding the ball." The Flaherty emails
17 may be summarized as Flaherty dressing down and admonishing a Facebook official for the
18 private social media company's lack of transparency to the federal government regarding
19 vaccine hesitancy and borderline content misinformation allowed to be posted on
20 Facebook's platform.

21 141. For example, on March 15, 2021, Flaherty writes to this Facebook official and says,
22 "I will also be the first to acknowledge that borderline content offers no easy solutions. But
23 we want to know that you are trying, we want to know how we can help, and we want to
24 know that you are not playing a shell game with us when we ask you what is going on."

25 142. And the anonymous Facebook official responds on behalf of the private social
26 media company by groveling and asking Flaherty to hold Facebook "accountable."

27 143. For example, on March 15, 2021, the anonymous Facebook official responds to
28 Flaherty and says, "We obviously have work to do to gain your trust. You mention that you
are not trying to play "gotcha" with us – I appreciate the approach you are taking to
continued discussions. We are also working to get you useful information that's on the

1 level. That's my job and I take it seriously – I'll continue to do it to the best of my ability,
2 and I'll expect you to hold me accountable.”

3 ***The Federal Defendants Engaged in Illegal Jawboning***

4 144. It was not essential for him to perform his duties and make decisions as President
5 of the United States for Biden to direct the Social Media Defendants to employ his 4
6 recommendations for improvement; design algorithms to target opposing views of the
7 government's COVID-19 message on the Internet; declare publicly they were “killing
8 people;” and to adjust their misinformation policies related to COVID-19.

9 145. Rather, the desired effect of his actions was a censorship scheme designed to
10 threaten and intimidate the Social Media Defendants so they would censor their users'
11 speech that was in opposition to the federal government's message on COVID-19.

12 146. It was not essential for him to perform his duties and make decisions as Surgeon
13 General for Murthy to engage in communications with high-level Facebook executives and
14 demand greater censorship of COVID-19 “misinformation;” direct the Social Media
15 Defendants to employ the 4 recommendations for improvement; design algorithms to target
16 opposing views of the government's COVID-19 message on the Internet; and to adjust their
17 misinformation policies related to COVID-19.

18 147. Rather, the desired effect of his actions was a censorship scheme designed to
19 threaten and intimidate the Social Media Defendants so they would censor their users'
20 speech that was in opposition to the federal government's message on COVID-19.

21 148. It was not essential for her to perform her duties and make decisions on behalf of
22 the CDC for Crawford to conduct regular BOLO meetings with the Social Media
23 Defendants to assist them with their misinformation policies related to COVID-19; and to
24 negotiate with Facebook for the federal government to receive a \$15 million advertising
25 credit to promote its COVID-19 message on Facebook's platform that accesses the Internet.

26 149. Rather, the desired effect of her actions was a censorship scheme designed to
27 threaten and intimidate the Social Media Defendants so they would censor their users'
28 speech that was in opposition to the federal government's message on COVID-19.

150. It was not essential for him to perform his duties and make decisions on behalf of the White House for Flaherty to admonish an anonymous Facebook official and demand greater transparency from Facebook and to hold it accountable for COVID-19 “borderline content information” as he defined it that in his view was being posted to Facebook’s private platform and on the Internet.

151. Rather, the desired effect of his actions was a censorship scheme designed to threaten and intimidate Facebook so it would censor its users’ speech that was in opposition to the federal government’s message on COVID-19.

Elon Musk’s public release of the Twitter Files

152. After purchasing and taking control of Twitter in late Fall of 2022 and firing most of its upper level management and many employees, Elon Musk released a number of internal Twitter documents to various journalists. Referred to as the “Twitter Files,” they were then released to the public and were summarized into 15 Parts.³⁸

153. In Part 10 of the summary of the Twitter Files, it was revealed that the United States government pressured Twitter and other social media platforms to elevate certain content and suppress other content about COVID-19.

154. The Twitter Files revealed three serious problems with Twitter’s process related to moderating COVID-19 “misinformation.”³⁹

- First, much of the content moderation was conducted by bots, trained on machine learning and AI—impressive in their engineering, yet still too crude for such nuanced work.
- Second, contractors, in places like the Philippines, also moderated content. They were given decision trees to aid in the process, but tasking non experts to adjudicate tweets on complex topics like myocarditis and mask efficacy data was destined for a significant error rate.
- Third, most importantly, the buck stopped with higher level employees at Twitter who chose the inputs for the bots and decision trees, and

³⁸ See [The Twitter Files Parts 1-15: A Comprehensive Summary, Analysis, and Discussion of Ramifications for American Institutions \(updated 1.19.23\) – Stopping Socialism](https://stoppingsocialism.com/2023/01/the-twitter-files-comprehensive-summary-analysis-and-discussion-of-ramifications-for-american-institutions/), available at <https://stoppingsocialism.com/2023/01/the-twitter-files-comprehensive-summary-analysis-and-discussion-of-ramifications-for-american-institutions/>

³⁹ See *id* at Part 10.

1 subjectively decided escalated cases and suspensions. As it is with all
2 people and institutions, there was individual and collective bias. With
3 Covid, this bias bent heavily toward establishment dogmas.

4 155. And the Twitter Files revealed that on September 3, 2021, former FDA
5 commissioner and Pfizer board member Dr. Scott Gottlieb, contacted Todd O’Boyle, a top
6 lobbyist in Twitter’s Washington office and the White House’s Twitter point of contact.
7 Gottlieb complained to O’Boyle about a tweet from Justin Hart, known to be a “lockdown
8 and Covid vaccine skeptic with more than 100,000 Twitter followers.”⁴⁰

9 COUNT I – Free Speech

10 **Murthy, Biden, Crawford, Flaherty, Facebook, and Twitter violated the Free**
11 **Speech clause of the First Amendment when they acted jointly to remove Hart’s**
12 **social media posts from the Internet and block him from using his accounts.**

13 156. The allegations in the preceding paragraphs are incorporated herein by reference.

14 157. “The First Amendment is a kind of Equal Protection Clause for ideas.” *Barr v. Am.*
15 *Ass’n of Political Consultants*, 140 S. Ct. 2335, 2354 (2020) (plurality). A government
16 violates this promise of equal treatment for ideas when it engages in viewpoint
17 discrimination. *Rosenberger*, 515 U.S. at 819.

18 158. Murthy, Biden, Crawford, and Flaherty knowingly engaged in viewpoint
19 discrimination when they directed Facebook and Twitter to remove from the Internet social
20 media posts and valid public health messages like those of Hart’s that contained a
21 viewpoint on COVID-19 that did not fit with their own political public health narrative.

22 159. Murthy, Biden, Crawford, and Flaherty further knowingly engaged in viewpoint
23 discrimination against Hart when they and Executive Branch officials (1) directed
24 Facebook and Twitter representatives to employ the federal government’s “4 specific
25 recommendations for improvement;” (2) held BOLO meetings with Facebook and Twitter
26 representatives to target opposing public health messages on the Internet; (3) directed the
27 Social Media Defendants to design algorithms to specifically target valid public health
28 messages on the Internet opposing the government’s COVID-19 views resulting in 20

⁴⁰ See *id.* at Part 13.

1 million pieces of content being removed from platforms and the Internet, including Hart's
2 valid public health messages; (4) directed Facebook to adjust its policies regarding COVID-
3 19 "misinformation" on the Internet at or about the time of Hart's valid public health
4 message; and (5) negotiated and received a \$15 million advertising credit from Facebook to
5 advertise the government's unchallenged COVID-19 public health message on the Internet
6 shortly before Hart's valid public messages were removed.

7 160. Murthy, Biden, Crawford, and Flaherty's unconstitutional viewpoint
8 discrimination acts that deprived Hart of his First Amendment rights were further
9 contrary to the policy of the United States "to preserve the vibrant and competitive free
10 market that presently exists for the Internet" that is "unfettered by Federal or State
11 regulation." 47 U.S.C. § 230(b)(2).

12 161. Private companies engage in state action when they jointly work with government
13 officials to deprive individuals of their constitutional rights. *Lugar v. Edmondson Oil Co.*,
14 457 U.S. 922, 942 (1982).

15 162. "The Supreme Court has articulated four tests for determining whether a non-
16 governmental person's actions amount to state action: (1) the public function test; (2) the
17 joint action test; (3) the state compulsion test; and (4) the governmental nexus test." *Ohno*,
18 723 F.3d at 995.

19 163. "Joint action exists where the government affirms, authorizes, encourages, or
20 facilitates unconstitutional conduct through its involvement with a private party." *Id.* at
21 996.

22 164. The Ninth Circuit finds joint action when "state officials and private parties have
23 acted in concert in effecting a particular deprivation of constitutional rights." *Tsao v.*
24 *Desert Palace, Inc.*, 698 F.3d 1128, 1140 (9th Cir. 2012) (cleaned up). "This requirement can
25 be satisfied either by proving the existence of a conspiracy or by showing that the private
26 party was a willful participant in joint action with the State or its agents." *Id.*

1 165. And threats from government officials that amount to a censorship scheme violate
2 the First Amendment. *See Bantam Books*, 372 U.S. at 64; *Writers Guild of America*, 609 F.
3 2d at 365.

4 166. “Particularly relevant here is the maxim that if the state knowingly accepts the
5 benefits derived from unconstitutional behavior, then the conduct can be treated as state
6 action.” *Tsao*, 698 F.3d at 1140.

7 167. Facebook and Twitter engaged in state action when they removed valid public
8 health messages and posts like Hart’s from their platforms and the Internet at the request
9 of Murthy, Biden, Crawford, and Flaherty based on the viewpoint of those posts on COVID-
10 19 that differed from the public health message of the federal government.

11 168. Facebook and Twitter worked in concert, substantially cooperated with, and/or
12 conspired with Murthy, Biden, Crawford, and Flaherty to deprive Hart of his First
13 Amendment right to free speech to post valid public health messages on the Internet.

14 169. Murthy, Biden, Crawford, and Flaherty affirmed, authorized, encouraged, and/or
15 facilitated Facebook and Twitter’s unconstitutional conduct of censorship of Hart’s posts
16 and valid public health messages on the Internet.

17 170. Facebook and Twitter either were willful participants when they removed Hart’s
18 posts from the Internet based on his viewpoint at the direction of Murthy, Biden, Crawford,
19 and Flaherty or were subject to government compulsion, either of which makes the removal
20 of the posts state action and transforms Facebook and Twitter into state actors.

21 171. Murthy, Biden, Crawford, and Flaherty knowingly accepted the benefits of
22 censored speech derived from the unconstitutional behavior of Facebook and Twitter in
23 removing posts from the Internet based on a valid COVID-19 public health viewpoint with
24 which Murthy, Biden, Crawford, and Flaherty disagreed.

25 172. Further, Murthy, Biden, Crawford, Flaherty, and Executive Branch officials
26 knowingly accepted the benefits of \$15 million in advertising credit from Facebook to
27 promote the federal government’s unchallenged public health COVID-19 viewpoint and
28

1 message on the Internet, a public forum Congress intended to be a marketplace of ideas
2 free from government regulation.

3 173. Although Hart remains active on Facebook and Twitter in an attempt to rebuild
4 his brand and continue to post valid public health messages, Facebook and Twitter now
5 require that Hart and other users in the future express a government-approved viewpoint
6 to use their platforms that reach the Internet and that are subject to the COVID-19 public
7 health policies and control of the federal government, and such posts that reach the
8 Internet are no longer subject to the Social Media Defendants' policies.

9 174. Further, Facebook adjusts and deviates from its voluntary submission to its
10 independent Oversight Board on COVID-19 public health misinformation and instead
11 follows the direction of Murthy, Biden, Crawford, and Flaherty's recommendations.

12 175. Hart is entitled to declaratory and injunctive relief against Murthy, Biden,
13 Crawford, and Flaherty for violating his right to free speech on the Internet under the
14 First Amendment and to stop them from directing Facebook and Twitter to utilize the
15 federal government's policies on what constitutes COVID-19 "misinformation" on their
16 platforms and Internet.

17 176. Hart is entitled to declaratory and injunctive relief as well as compensatory and
18 nominal damages from Facebook and Twitter for violating his right to free speech on the
19 Internet under the First Amendment and to stop them from adjusting their algorithms and
20 policies to align with the federal government's COVID-19 "misinformation" policies.

21 **COUNT II - Promissory Estoppel**

22 **Facebook and Twitter committed promissory estoppel by not fulfilling their**
23 **promise to Hart to use their social media platforms to reach an audience on the**
24 **Internet in furtherance of his business.**

25 177. The allegations in the preceding paragraphs are incorporated herein by reference.

26 178. Facebook and Twitter made "a clear and unambiguous promise" to Hart that he
27 could use their services to communicate and network with other Facebook and Twitter
28

1 users on the Internet. *Bushell v. JPMorgan Chase Bank, N.A.*, 163 Cal. Rptr. 3d 539, 550
2 (Cal. Ct. App. 2013).

3 179. In making this promise, Facebook and Twitter did not include a provision that
4 they would censor speech on the Internet opposing masks at the direction of the federal
5 government.

6 180. Hart engaged in “reasonable, foreseeable and detrimental reliance” on Facebook’s
7 and Twitter’s promise when he started using their services to speak with and network with
8 other Facebook and Twitter users on the Internet to promote his business. *Bushell*, 163
9 Cal. Rptr. 3d at 550.

10 181. Hart engaged in “reasonable, foreseeable and detrimental reliance” on Facebook’s
11 promise when he invested substantial sums of money to advertise on Facebook and Twitter
12 and their platforms that reach an audience on the Internet. *Id.*

13 182. Facebook’s and Twitter’s removal from the Internet and flagging of Hart’s posts
14 and suspension of his account for engaging in speech caused his reliance on their promises
15 to be to the detriment of his business, finances, and reputation.

16 183. As the result of this detrimental reliance, Hart suffered monetary and non-
17 monetary damages.

18 184. Hart is entitled to monetary relief from Facebook and Twitter for committing the
19 tort of promissory estoppel.

20 **COUNT III - Intentional Interference with a Contract**

21 **Facebook committed intentional interference with a contract by interfering with**
22 **Hart’s contract with Donorbureau, LLC.**

23 185. The allegations in the preceding paragraphs are incorporated herein by reference.

24 186. To establish a claim of intentional interference with a contractual relationship, the
25 claimant must show (1) a valid contract between claimant and a third party; (2) defendant’s
26 knowledge of this contract; (3) defendant’s intentional acts designed to induce a breach or
27 disruption of the contractual relationship; (4) actual breach or disruption of the contractual
28

relationship; and (5) resulting damage. *Davis v. Nadrich*, 94 Cal. Rptr. 3d 414, 421 (Cal. Ct. App. 2009).

187. California law does not require that the defendant act with the specific intent to interfere. *See id.* at 422; *Quelimane Co. v. Stewart Title Guaranty Co.*, 960 P.2d 513 (1998). The tort is applicable if the defendant knows that the interference is substantially certain or certain to happen as a result of defendant's actions. *Nadrich*, 94 Cal. Rptr. 3d at 422.

188. Hart maintains a valid employment contract with Donorbureau, LLC ("Donorbureau"), a Virginia-based limited liability company.

189. As part of his employment contract, Hart's job duties include serving as an Administrator on the Donorbureau Facebook account, so he can post content to the site and make other changes in an effort to increase Donorbureau's revenue.

190. Facebook has knowledge of the relationship between Hart and Donorbureau because it has actual notice that Hart serves as an Administrator for the Donorbureau account.

191. Facebook intentionally suspended Hart's use of his personal Facebook account and removed his posts from the Internet, and Facebook knew and intended that such action would prevent Hart from doing his work as an Administrator on the Donorbureau account.

192. Therefore, Facebook intentionally interfered with Hart's contract with Donorbureau.

193. Not being able to service Donorbureau's Facebook page placed Hart in breach of his contract with Donorbureau.

194. Hart suffered and is suffering monetary damage for not being able to fulfill his social media duties to Donorbureau.

195. Hart is entitled to monetary relief from Facebook for intentionally interfering with his contract with Donorbureau.

COUNT IV - Negligent Interference with a Prospective Economic Advantage

Facebook committed negligent interference with a prospective economic advantage by interfering with Hart's contract with Donorbureau, LLC.

196. The allegations in the preceding paragraphs are incorporated herein by reference.

1 197. To establish a claim of negligent interference with a prospective economic
2 advantage, a claimant must show (1) the existence of a valid contractual relationship
3 between the plaintiff and a third party containing the probability of future economic
4 benefit to the plaintiff; (2) the defendant's knowledge, actual or construed, of the
5 relationship; (3) the defendant's knowledge, actual or construed, that the relationship
6 would be disrupted if the defendant failed to act with reasonable care; (4) the defendant's
7 failure to act with reasonable care; (5) actual disruption of the relationship; and (6)
8 resulting economic harm. *Nelson v. Tucker Ellis, LLP*, 262 Cal. Rptr. 3d 250, 264 n.5 (Cal.
9 App. Ct. 2020).

10 198. Hart maintains a valid employment contract with Donorbureau, LLC, a Virginia-
11 based limited liability company.

12 199. As part of his employment contract, Hart's job duties include serving as an
13 Administrator on the Donorbureau Facebook account, so he can post content to the site and
14 make other changes in an effort to increase Donorbureau's revenue.

15 200. Hart has a probability of future economic benefit by fulfilling the terms of his
16 employment contract with Donorbureau.

17 201. Facebook has knowledge of the relationship between Hart and Donorbureau
18 because it has actual notice that Hart serves as an Administrator for the Donorbureau
19 account.

20 202. When Facebook suspended Hart's use of his personal Facebook account and
21 removed his posts from the Internet, it knew or should have known that Hart's work as an
22 Administrator on the Donorbureau account and his relationship with Donorbureau would
23 be disrupted as a result of its negligent actions.

24 203. In not providing Hart any avenue to access the Donorbureau account, Facebook
25 failed to act with reasonable care.

26 204. Facebook's act of suspension caused an actual disruption in the relationship
27 between Hart and Donorbureau because he could not post content to the site or on the
28 Internet or make other changes in his work to increase Donorbureau's revenue.

205. Therefore, Facebook negligently interfered with Hart's prospective economic advantage from his contractual relationship with Donorbureau.

206. Hart suffered and is suffering monetary damage for not being able to fulfill his social media duties to Donorbureau.

207. Hart is entitled to monetary relief from Facebook for negligently interfering with the prospective economic advantage resulting from his contract with Donorbureau.

PRAYER FOR RELIEF

Plaintiff Justin Hart respectfully requests that this Court enter judgment in his favor on every claim set forth above and award him the following relief:

A. Declare that the actions of Murthy, Biden, Crawford, Flaherty, Facebook, and Twitter constitute a violation of the Free Speech Clause of the First Amendment by denying Hart the ability to speak on the Internet through the private social media platforms of Facebook and Twitter;

B. Enjoin Murthy, Biden, Crawford, and Flaherty from directing in the future social media companies such as the Social Media Defendants to censor information and speech on platforms and the Internet with which Murthy, Biden, Crawford, and Flaherty disagree;

C. Enjoin Facebook and Twitter from removing in the future Hart's posts from the Internet or suspending his posts at the direction of Murthy, Biden, Crawford, and Flaherty or based on the federal government's "misinformation" policies;

D. Enjoin Murthy, Biden, Crawford, and Flaherty from directing social media companies such as the Social Media Defendants from censoring speech in the future;

E. Award Hart compensatory damages in the amount of his past, present, and future lost income resulting from Facebook's and Twitter's actions of promissory estoppel and resulting from Facebook's intentional interference with a contract and negligent interference with a prospective economic advantage;

F. Award Hart compensatory damages in the amount of a return of the money he spent on Facebook and Twitter advertisements because of Facebook's and Twitter's actions of

promissory estoppel and Facebook's intentional interference with a contract and negligent interference with a prospective economic advantage;

G. Award Hart compensatory damages in an amount to fully compensate him for the time he spent building a following on the Internet through Facebook and Twitter that has now been wasted by Facebook's and Twitter's actions of promissory estoppel and Facebook's intentional interference with a contract and negligent interference with a prospective economic advantage;

H. Award Hart compensatory damages in the amount of the harm to his reputation on the Internet resulting from Facebook's and Twitter's actions of promissory estoppel and resulting from Facebook's intentional interference with a contract and negligent interference with a prospective economic advantage; and

I. Award any further relief to which Hart may be entitled, including reasonable attorneys' fees and costs.

Dated: February 15, 2023

Respectfully submitted,

s/ Daniel Suhr

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Murrieta, California 92562

Telephone: 951-600-2733

Facsimile: 951-600-4996

Attorneys for Plaintiff Justin Hart

Exhibit

1

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](#)

Exhibit

2

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)" <dc4@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)" <eu8@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 <eoevent337@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 eoevent337@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

Exhibit

3

From: Crawford, Carol Y. (CDC/OD/OADC)
To: Payton Ihema; Genelle Adrien
Cc: Sam Huxley; Christopher Lewitzke; Jennifer Shopkorn (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
Screenshot that reads: 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.	https://www.instagram.com/p/COTIIZMHsUN/
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.	https://www.instagram.com/p/COTQ9OdH1_t/
Screenshot that reads: 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.	https://www.instagram.com/p/COUA5w9AuoW/
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	https://www.facebook.com/1100924840381516/posts/1126327577841242

reducing the population in the future? Any thoughts?	
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.../	https://www.facebook.com/172526489431467/posts/4877608792256523
Only ones really pushing these unapproved jabs are those in with Gates Foundation, that are behind depopulation of the planet.	https://www.facebook.com/225877282549585/posts/273569341113712
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....	https://www.instagram.com/tv/COeT0qUnwPU/
Dr. Sherri Tenpenny Explains How the Depopulation COVID Vaccines Will Start Working in 3-6 Months	https://www.instagram.com/p/COVPvcqDARd/
Vaccine Shedding Causing Miscarriages and Blood Clots in Unvaccinated Females	https://www.facebook.com/104622279580575/posts/3987080758001355
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?	https://www.facebook.com/59453552191/posts/10159109994267192
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]	https://www.facebook.com/1141356506338028/posts/1173137176493294
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	https://www.facebook.com/819249958919372/posts/910044976506536

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".	
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...	https://www.instagram.com/p/COMtAVJnHbE/
[Repost of above]	https://www.instagram.com/p/CONztCUAdRI/
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 .	https://www.instagram.com/p/CN98SoDAAWO/
SPIKE PROTEIN CONFUSION - V SHEDDING, BLOOD AND FERTILITY 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.	https://www.instagram.com/tv/COPDR1aAEgm/

Exhibit

4

From: [Crawford, Carol Y. \(CDC/OD/OADC\)](#)
To: [Crawford, Carol Y. \(CDC/OD/OADC\)](#)
Cc: [Ilagone@fb.com](#); [Payton Iheme](#); [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



ER-089

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** (cgy1@cdc.gov).



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Control and Prevention
Office of the Director

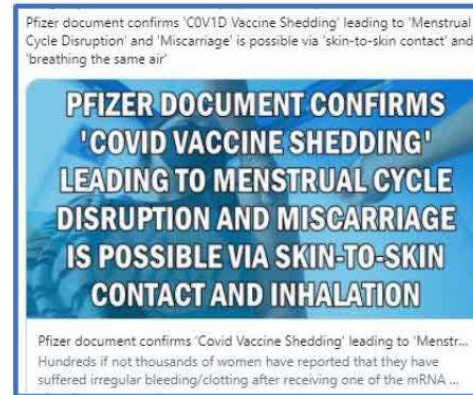
DRAFT – THIS INFORMATION IS NOT FOR FURTHER DISTRIBUTION

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.

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.

Vaccine Administered By	Private	Vaccine Purchased By	Not Applicable
PIV/20m Project Number	NONE	Support Form Version	2
Recommended	No	Series	Yes

Vaccine Type: COVID19
Vaccine: COVID19 (PFIZER-BIONTECH)
Manufacturer: PFIZER-BIONTECH
Lot: NONE
Dose: 2

Vaccinated: 2021-03-25
Onset: 2021-03-01
Days after vaccination: 4
Submitted: 0000-00-00
Entered: 2021-03-05

Administered by: [redacted] Purchased by: [redacted]

Birth Defect? No
Date died: 2021-03-03
Days after onset: 2
Permanent Disability? No
Recovered? No
Office Visit? No
ER Visit? No
Hospitalized? Yes, 17 days
Extended hospital stay? No

Example post spreading false claim



Example post with correct information

Associated Link(s) and Hashtag(s)

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



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

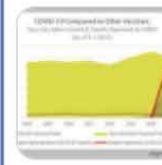
Please **Be On the Lookout** for: Statements, pictures, posts, or messages containing misleading information about VAERS reports.

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.

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.



The Deadly COVID-19 Vaccine Coverup — Virginia Stoner W...
FACT: There has been a massive increase in deaths reported to the Vaccine Adverse Event Reporting System (VAERS) from...
virginiastoner.com

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



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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.
The Facts	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.

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 problems. They have always been a method of depopulation

Example post



Example post

Associated Link(s) and Hashtag(s)

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



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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.
Status	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.

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 [Monday's FDA decision to authorize emergency use of this vaccine in 12- through 15-year-old adolescents](#) , and is another important step to getting out of the COVID-19 pandemic, and closer to normalcy.

*Statement from
CDC Director*

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

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](#)



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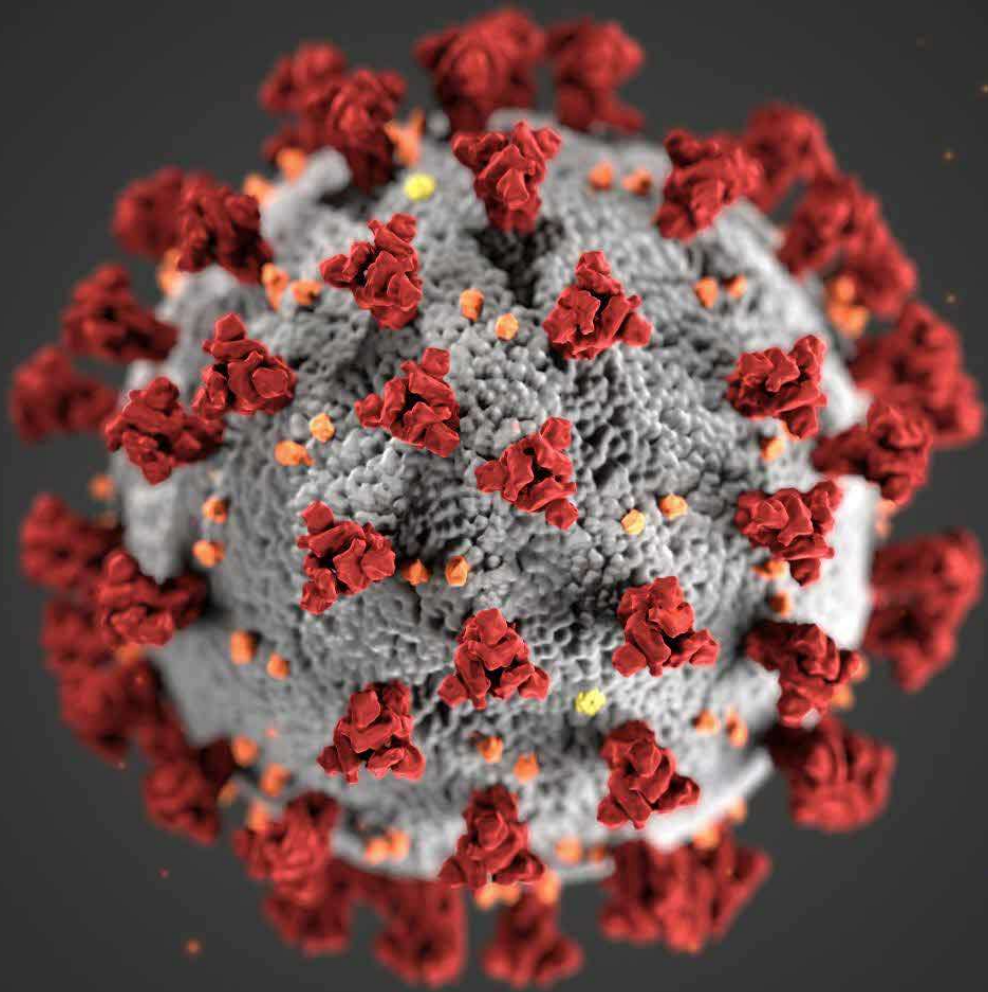
Carol Crawford

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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Office of the Director

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Exhibit

5

From: [Crawford, Carol Y. \(CDC/OD/OADC\)](#)
To: [Crawford, Carol Y. \(CDC/OD/OADC\)](#)
Bcc: [Ilagone@fb.com](#); [Payton Iheme](#); [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](#); [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: [CDCbolosides528.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



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** (cgy1@cdc.gov).



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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 Facts	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.



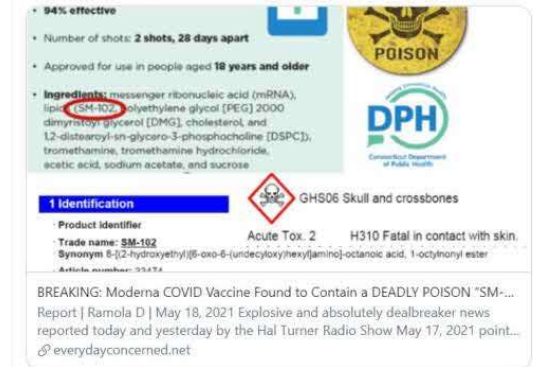
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Example post

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



Example post

Associated Link(s) and Hashtag(s)

- [Fact check story](#)
- [Example Post](#)
- [Example Post](#)
- [FDA Emergency Use Authorization](#)

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.
Status	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.
The Facts	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.

#magnetgate
I've seen many videos now about this. Is this bigger than we think?

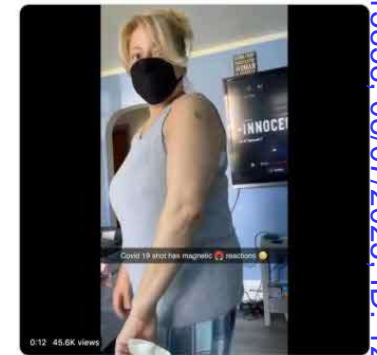


THE MAGNETISM FROM THE VACCINE REPORTEDLY SPREADS THROUGHOUT THE BODY OVER TIME.

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



Guys WTF is this?



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



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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.

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.

“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.”



Example posts

Associated Link(s) and Hashtag(s)

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



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Control and Prevention
Office of the Director

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Contact Information

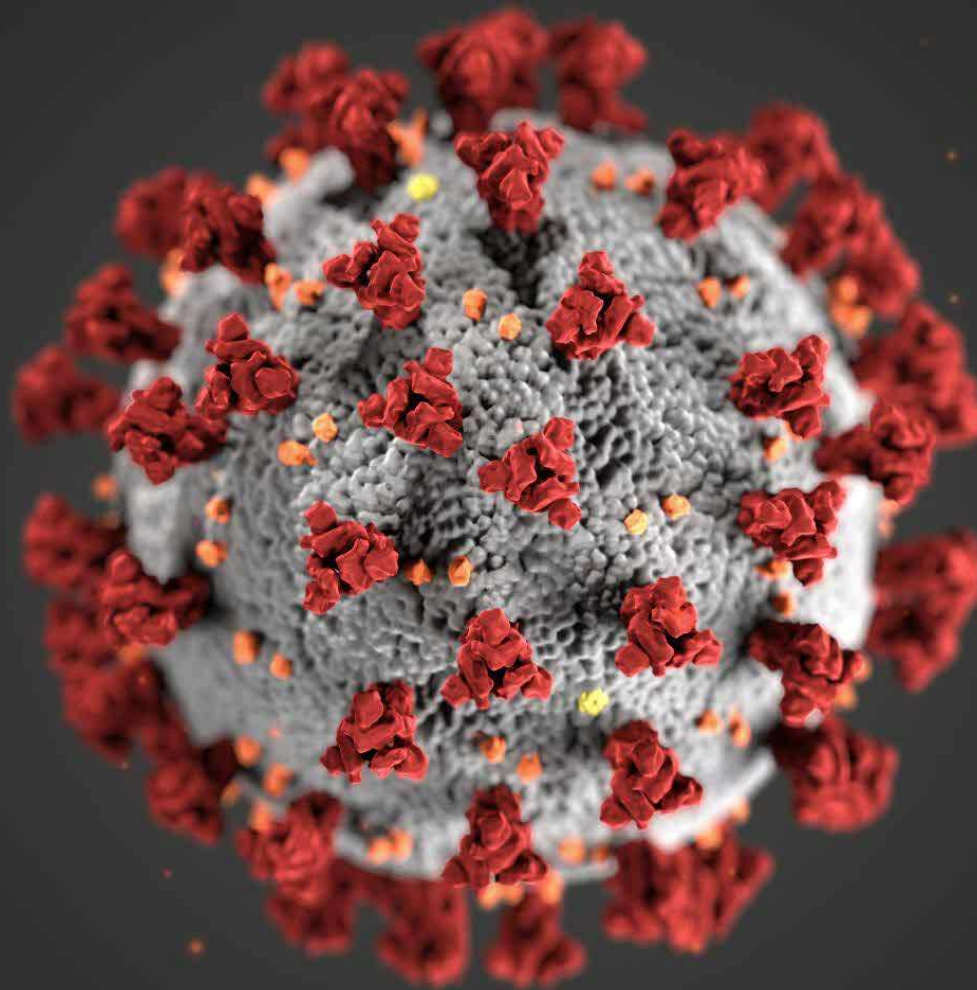
Carol Crawford

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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Exhibit

6

From: [Crawford, Carol Y. \(CDC/OD/OADC\)](#)
To: [Crawford, Carol Y. \(CDC/OD/OADC\)](#)
Cc: [Ilagone@fb.com](#); [Payton Iheme](#); [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



Agenda



Introduction



Hot Topics

1. Spike Protein AccumulationMagnetism
RumorAirline travel



LOGISTICS

Next Meeting Date: To be announced
Point of Contact: Want a follow-up meeting to discuss information presented? Contact Carol Crawford (cgy1@cdc.gov).



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- ER-111

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 postExample postWhat are the ingredients in COVID-19 vaccines?Hashtag: [#magnetgate](#) [#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.

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 Qtime - Telegram



Example posts

Associated Link(s) and Hashtag(s)

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



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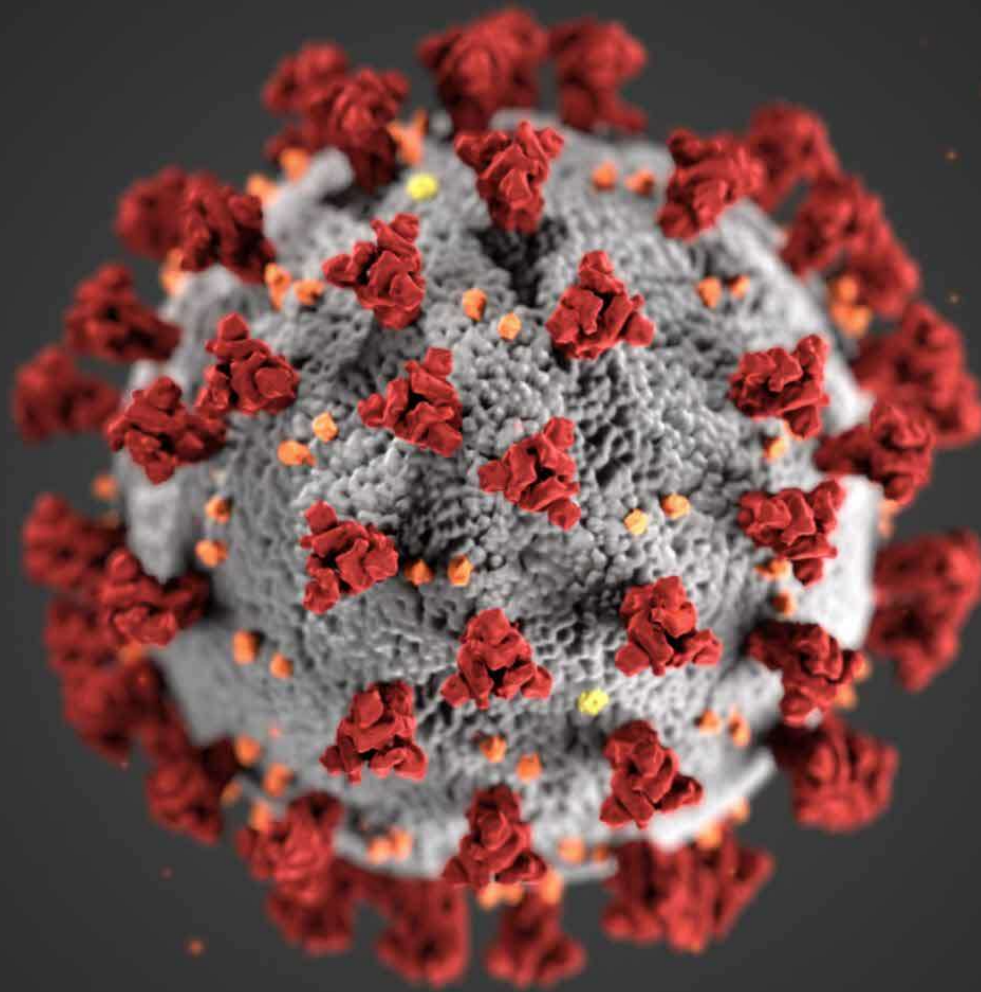
Contact Information

**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
cgy1@cdc.gov**



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Exhibit

7

From: [Crawford, Carol Y. \(CDC/OD/OADC\)](#)
To: [Priya Gangolly](#)
Cc: [Payton Iheme](#); [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 Iheme <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 Iheme <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 Iheme <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

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

African American female

- Strongest hesitancy expressed among African American persons

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)
- **Individuals cited varied widely and included**
 - Dr. Fauci
 - Relatives who were healthcare workers
 - Certain media figures and celebrities

I do not trust the news. The media takes advantage of the situation.

Caucasian Male

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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Exhibit

8

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)" <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

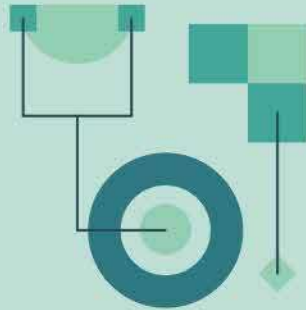
Hello CDC team,

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,



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 breakouts 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.

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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](#).

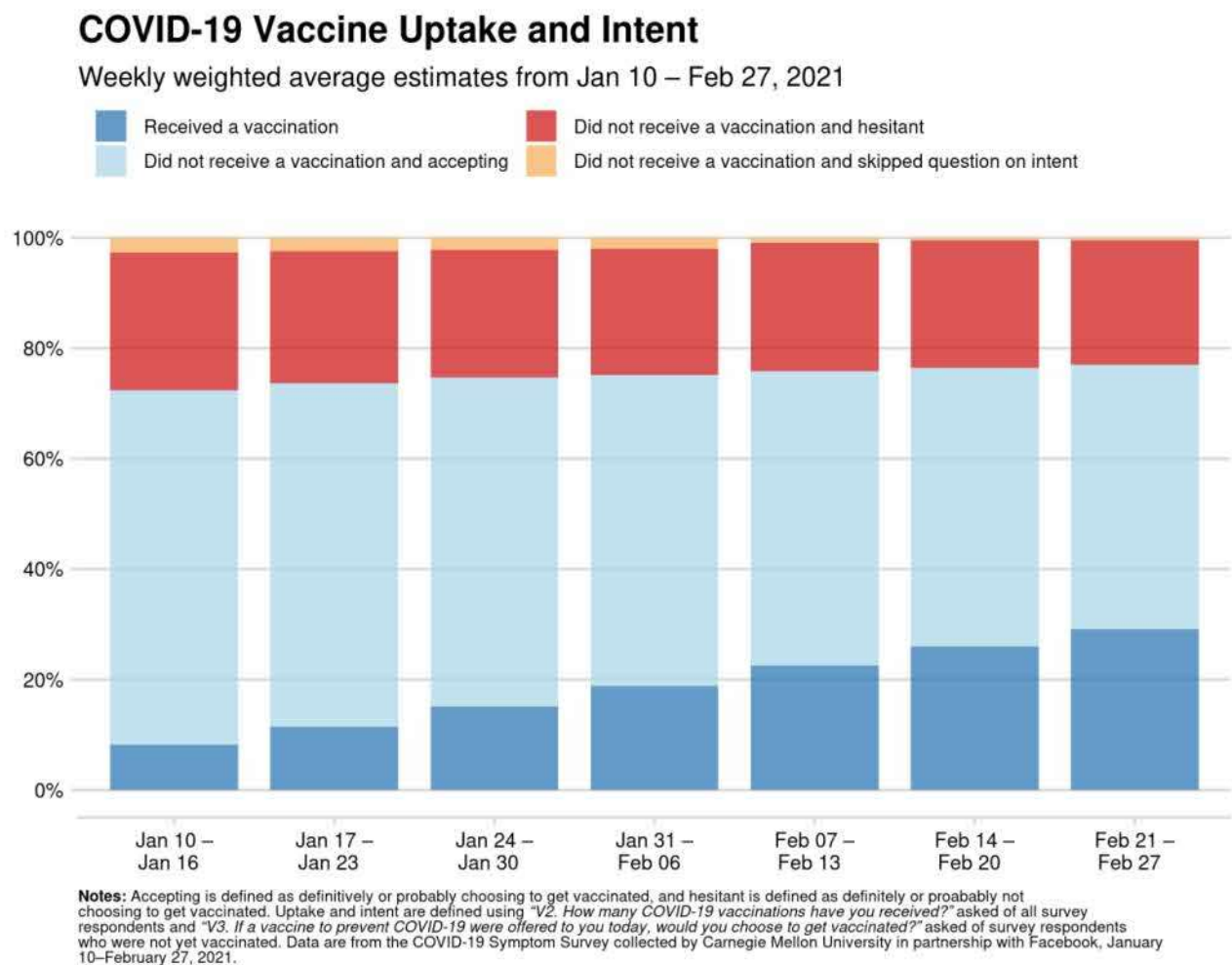


Figure 1: COVID-19 vaccination uptake and intent for the overall group as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in [Table B.1](#), [Appendix B](#))

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

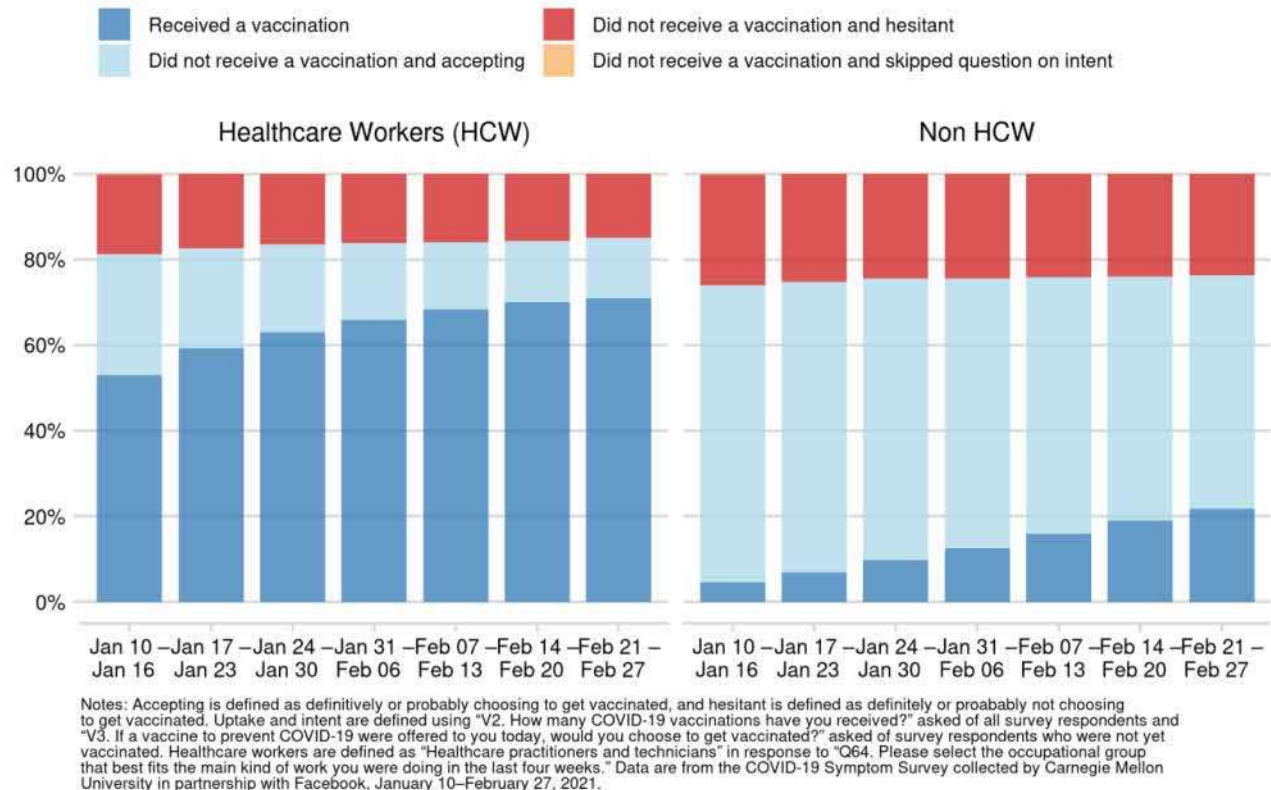


Figure 2: COVID-19 vaccination uptake and intent by healthcare worker status as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in [Table B.1](#), [Appendix B](#))

2.3 COVID-19 Vaccination Uptake and Intent: By Age

Trends by age are summarized in Figure 3 (below) and in [Appendix B](#).

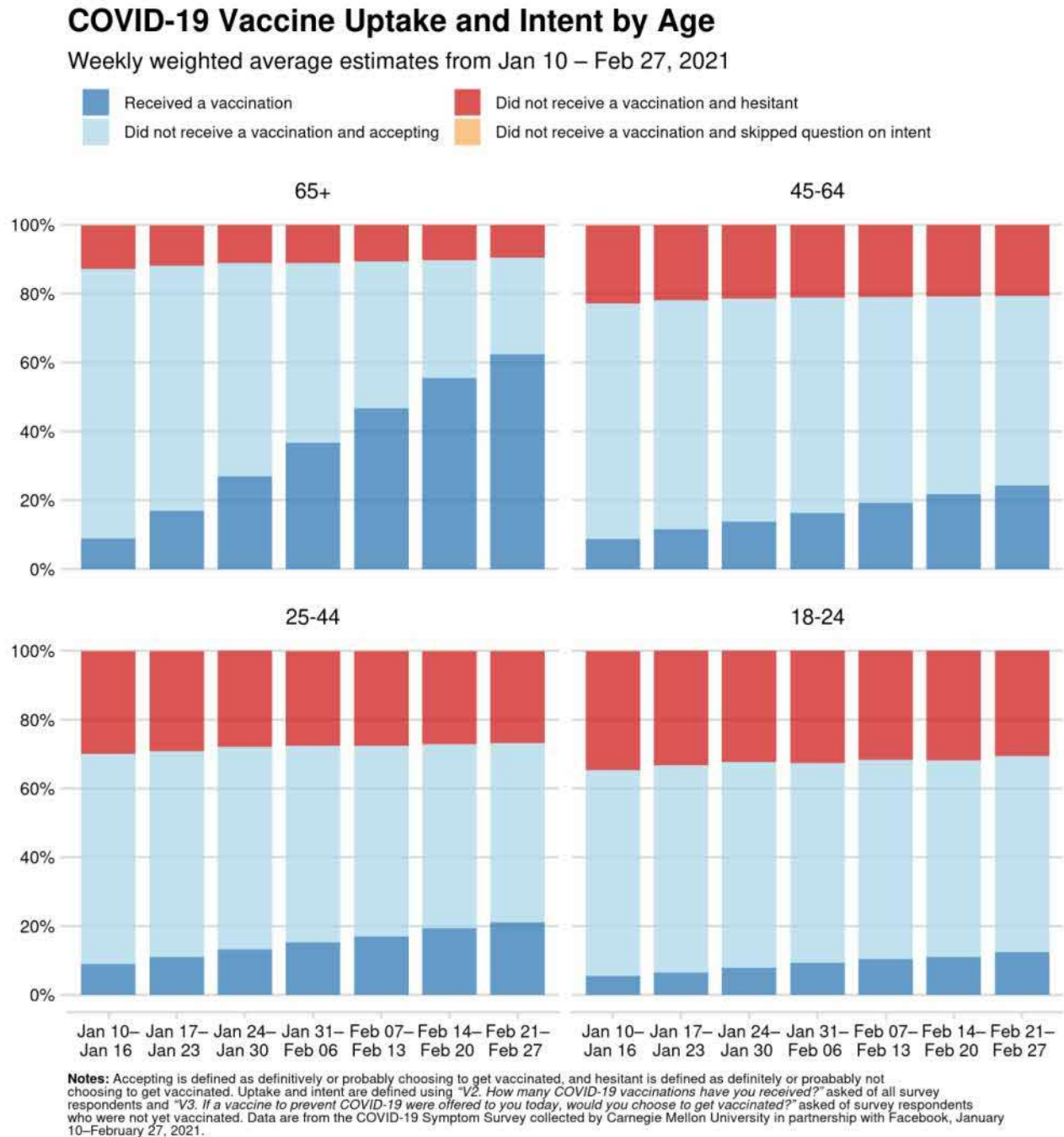


Figure 3: COVID-19 vaccination uptake and intent by age as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in [Table B.1](#), [Appendix B](#))

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

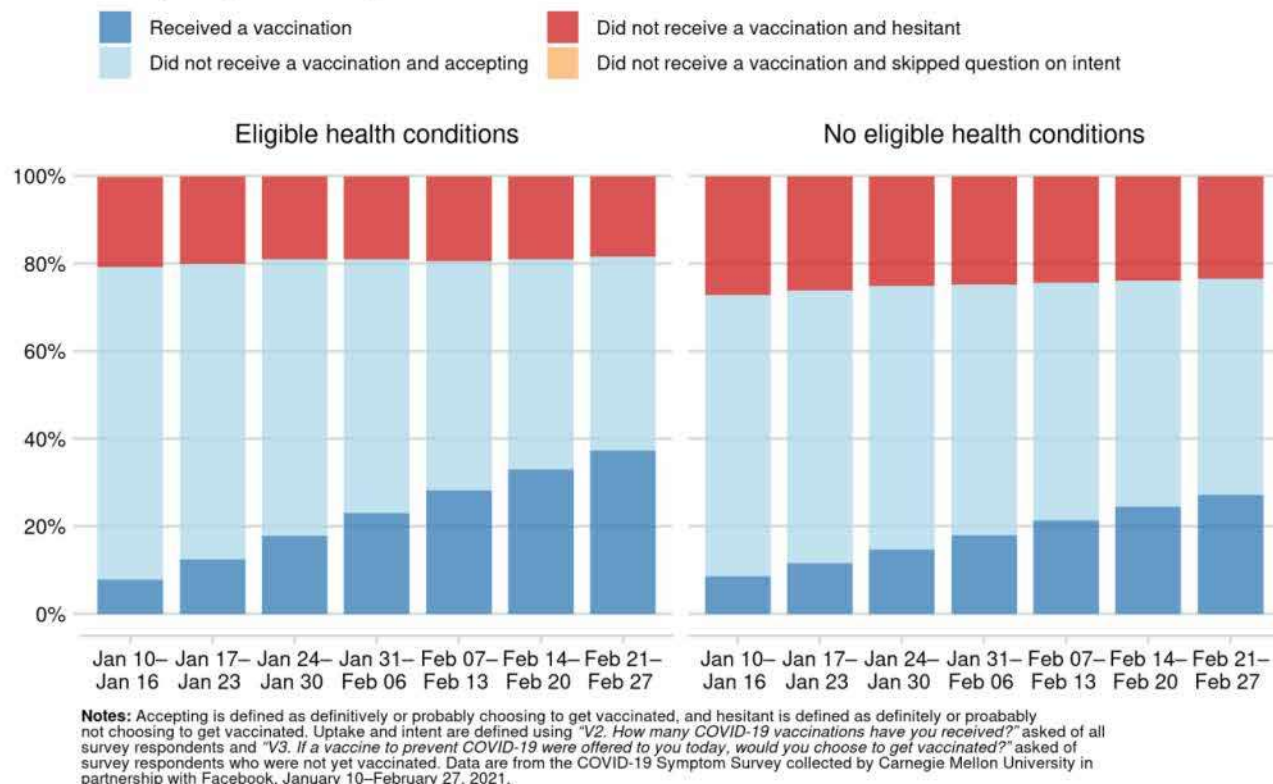


Figure 4: COVID-19 vaccination uptake and intent by eligible health conditions as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in [Table B.1](#), [Appendix B](#))

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](#).

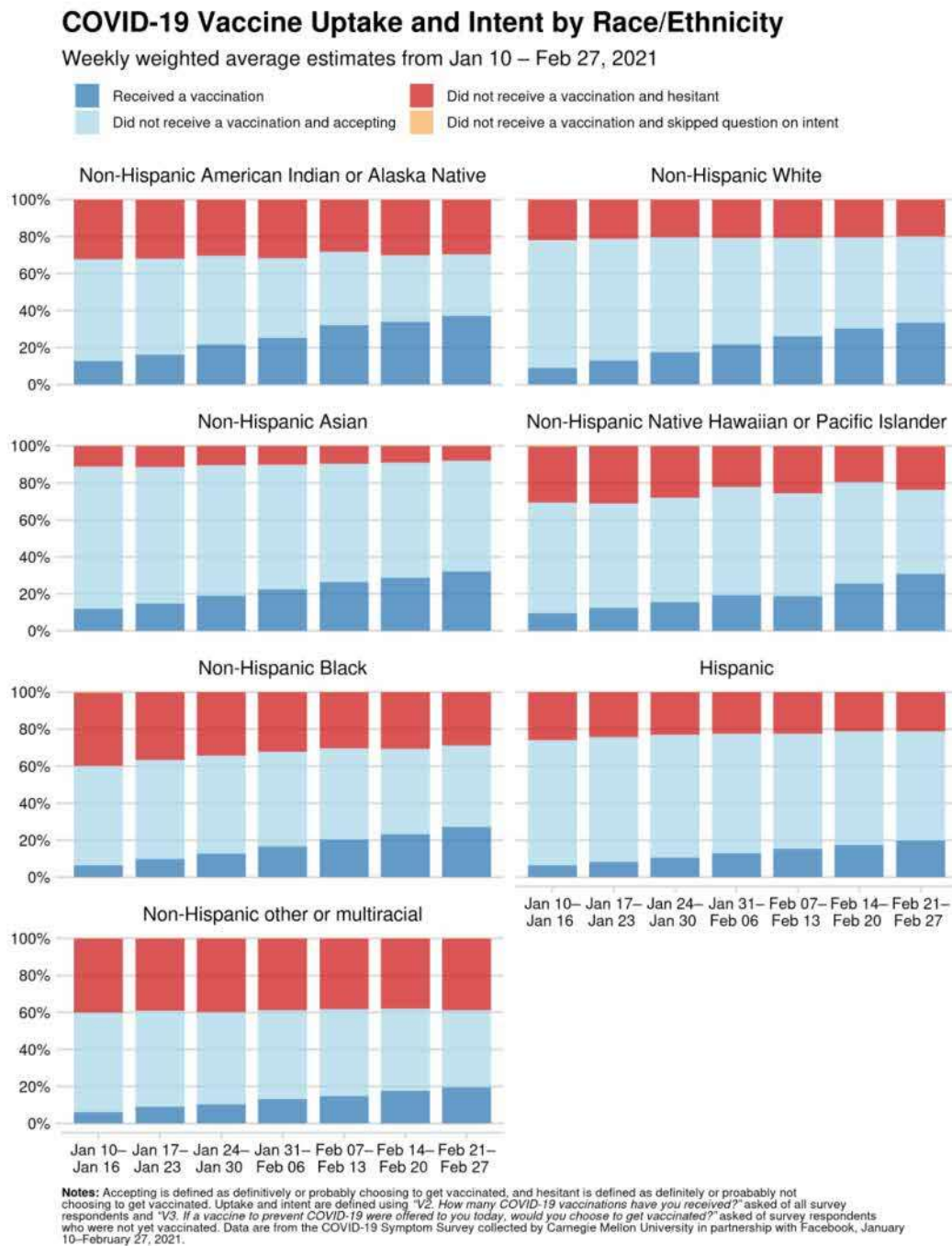


Figure 5: COVID-19 vaccination uptake and intent by race/ethnicity as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in [Table B.1](#), [Appendix B](#))

2.6 COVID-19 Vaccination Uptake and Intent: By Gender

Trends by gender are summarized in Figure 6 (below) and in [Appendix B](#).

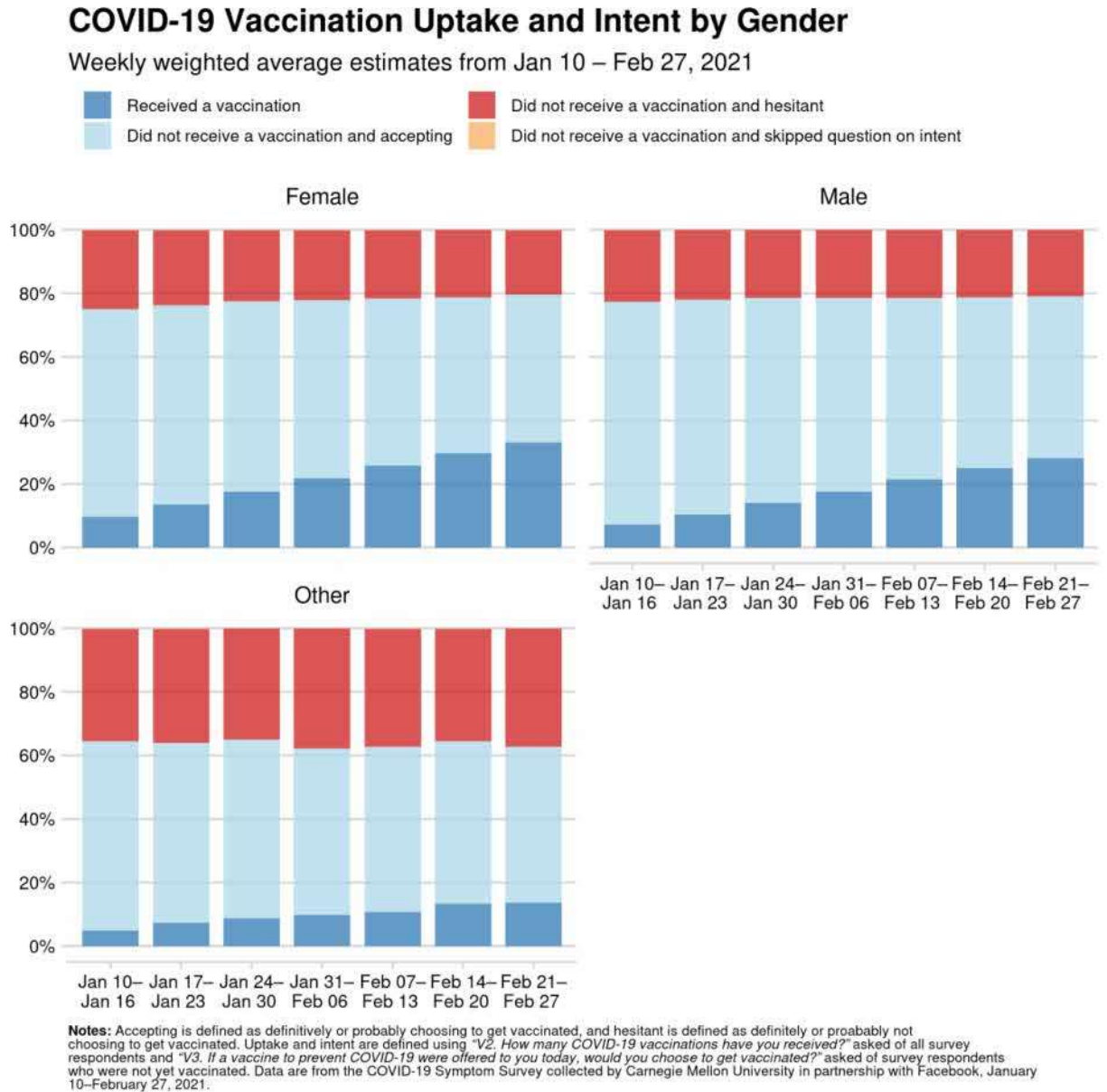


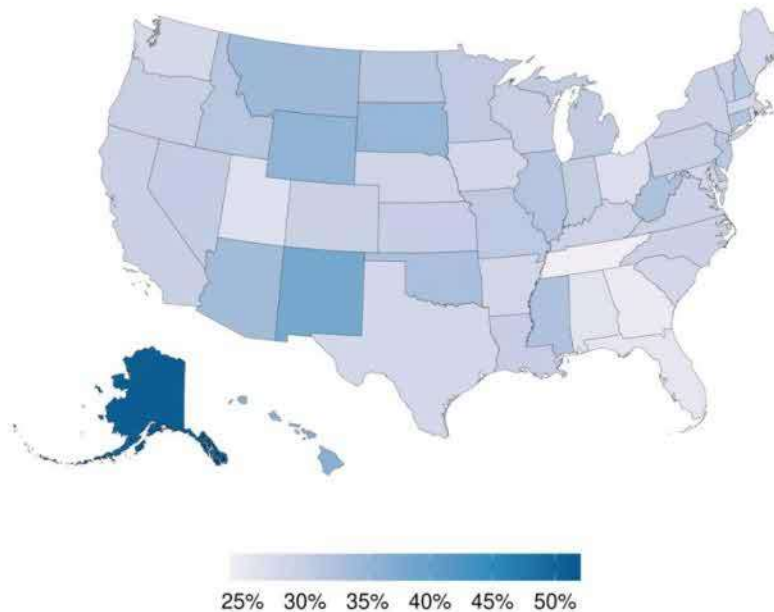
Figure 6: COVID-19 vaccination uptake and intent by gender as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in [Table B.1](#), [Appendix B](#))

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

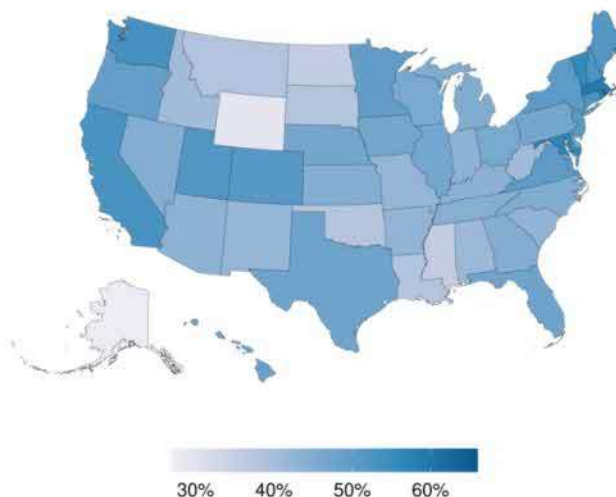


Uptake is defined using "V1. Have you had a COVID-19 vaccination?" asked of all survey respondents. Data are from the COVID-19 Symptom Survey collected by Carnegie Mellon University in partnership with Facebook, Feb 21 – Feb 27, 2021.

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

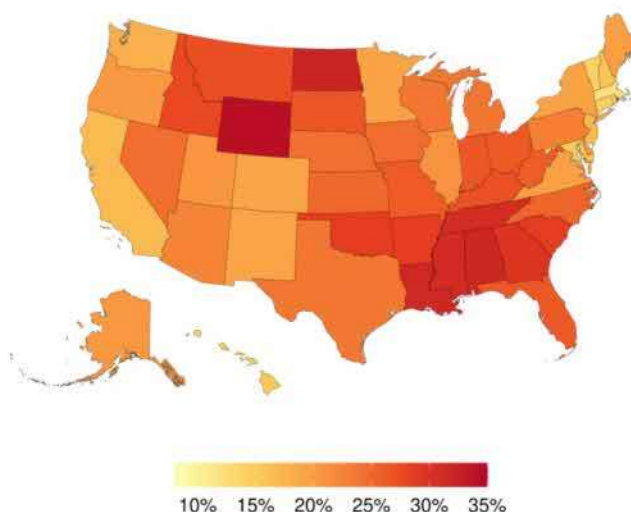


Acceptance is defined as "definitely" or "probably" choosing to get vaccinated in response to "V3. If a vaccine to prevent COVID-19 were offered to you today, would you choose to get vaccinated?" asked of survey respondents who were not vaccinated. Data are from the COVID-19 Symptom Survey collected 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



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](#).

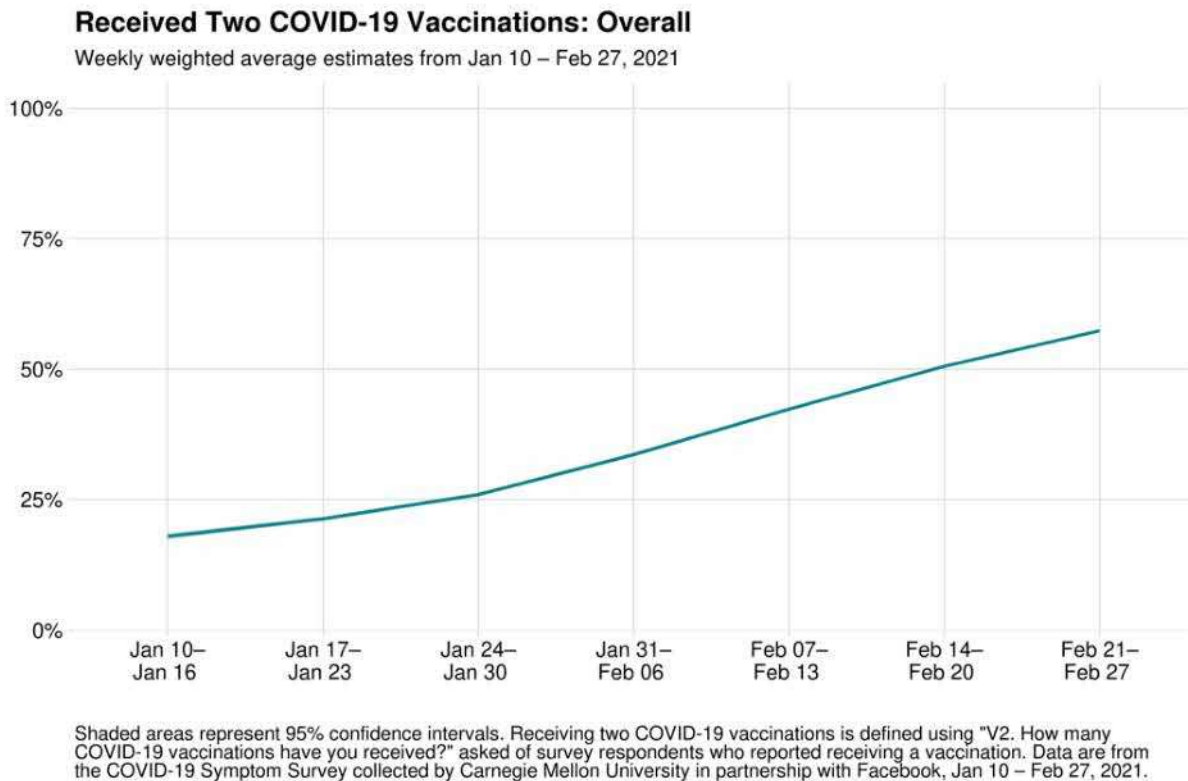


Figure 10: Percent of adults who received two COVID-19 vaccinations out of adults who reported receiving a COVID-19 vaccination as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in [Table C.1, Appendix C](#))

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](#).

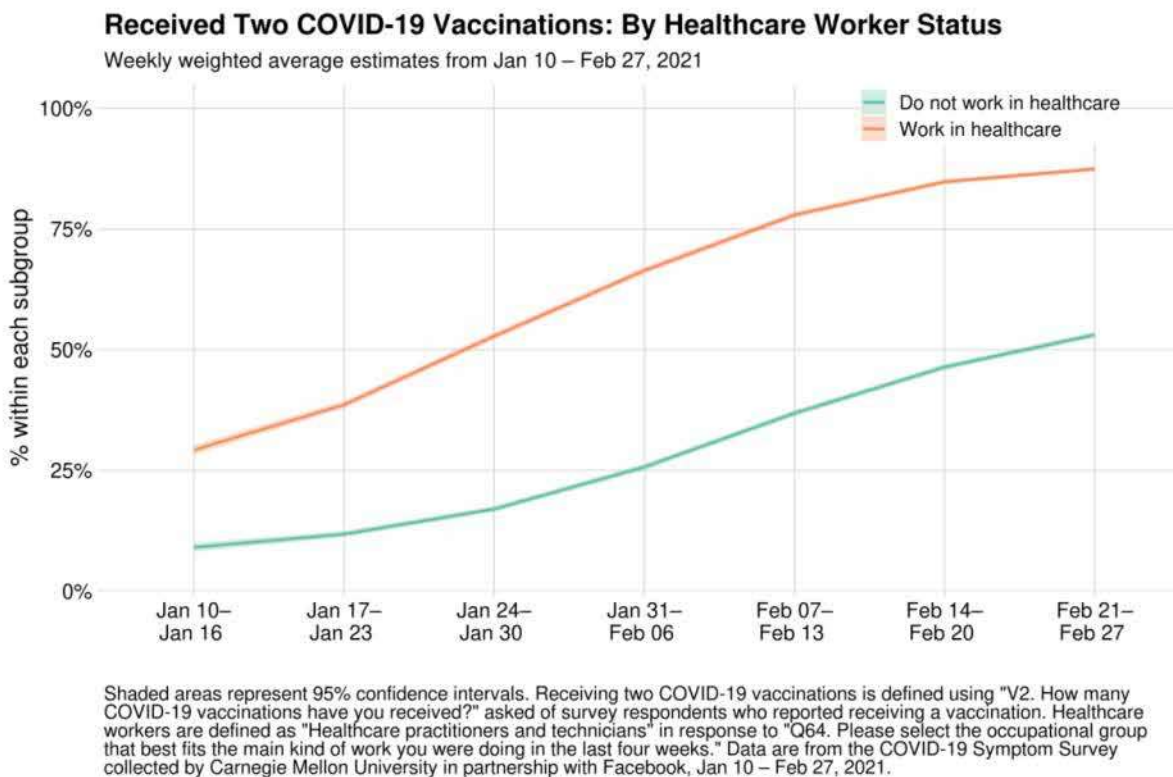


Figure 11: Percent of adults who received two COVID-19 vaccinations out of adults who reported receiving a COVID-19 vaccination, by healthcare worker status, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in [Table C.1](#), [Appendix C](#))

3.3 Receiving Two COVID-19 Vaccinations: By Age

Trends by age are summarized in Figure 12 (below) and in [Appendix C](#).

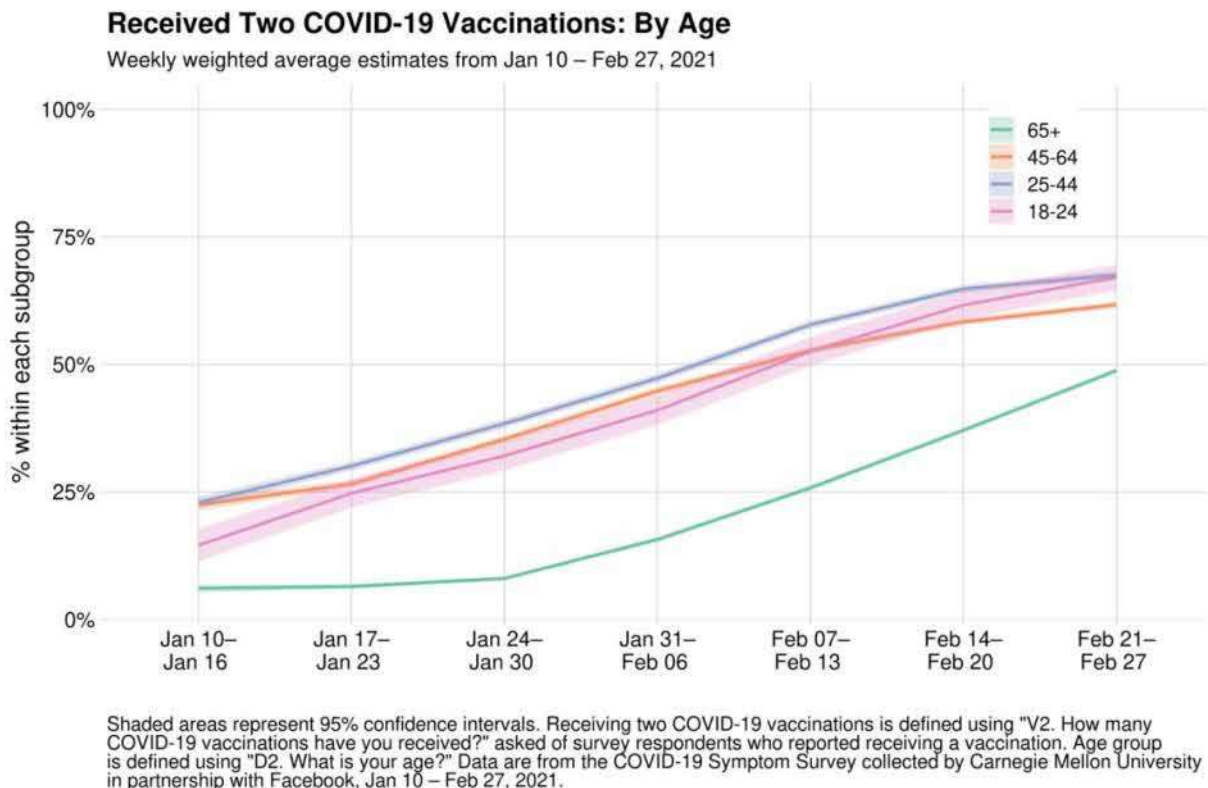


Figure 12: Percent of adults who received two COVID-19 vaccinations out of adults who reported receiving a COVID-19 vaccination, by age, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in [Table C.1](#), [Appendix C](#))

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](#).

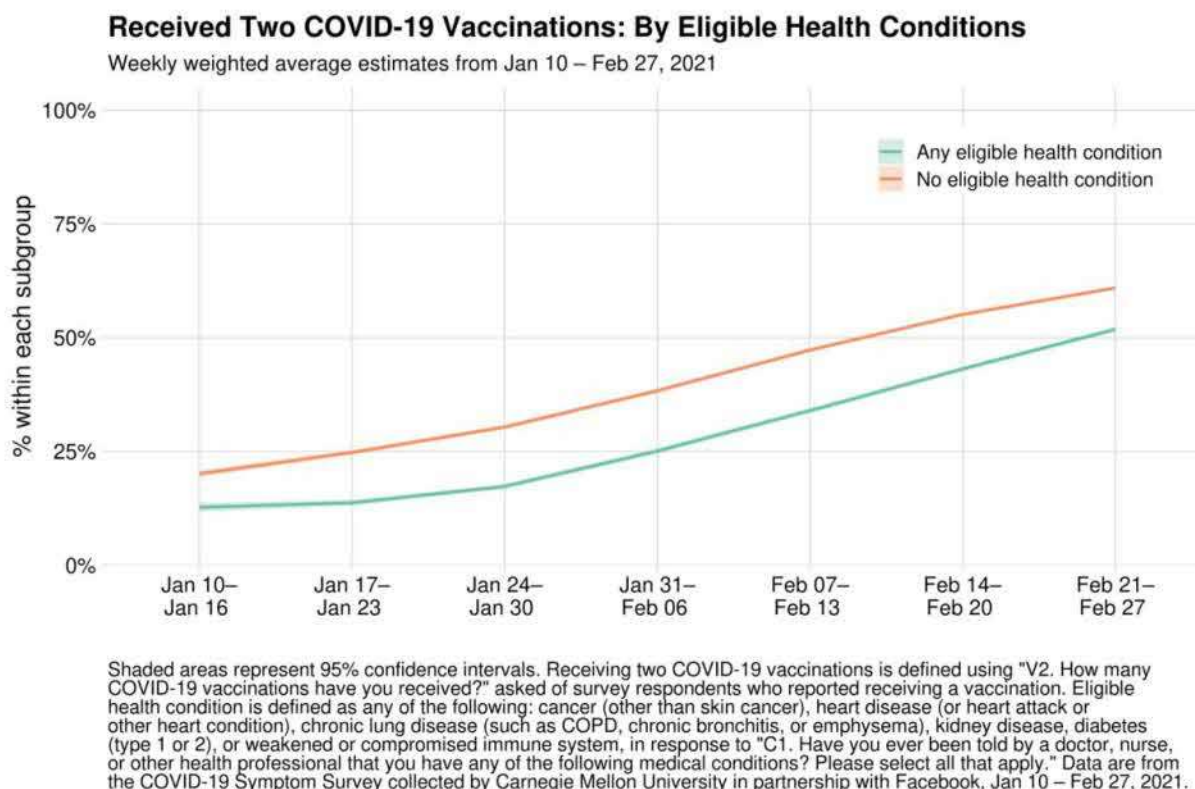


Figure 13: Percent of adults who received two COVID-19 vaccinations out of adults who reported receiving a COVID-19 vaccination, by eligible health conditions, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in [Table C.1, Appendix C](#))

3.5 Receiving Two COVID-19 Vaccinations: By Race/Ethnicity

Trends by race/ethnicity are summarized in Figure 14 (below) and in [Appendix C](#).

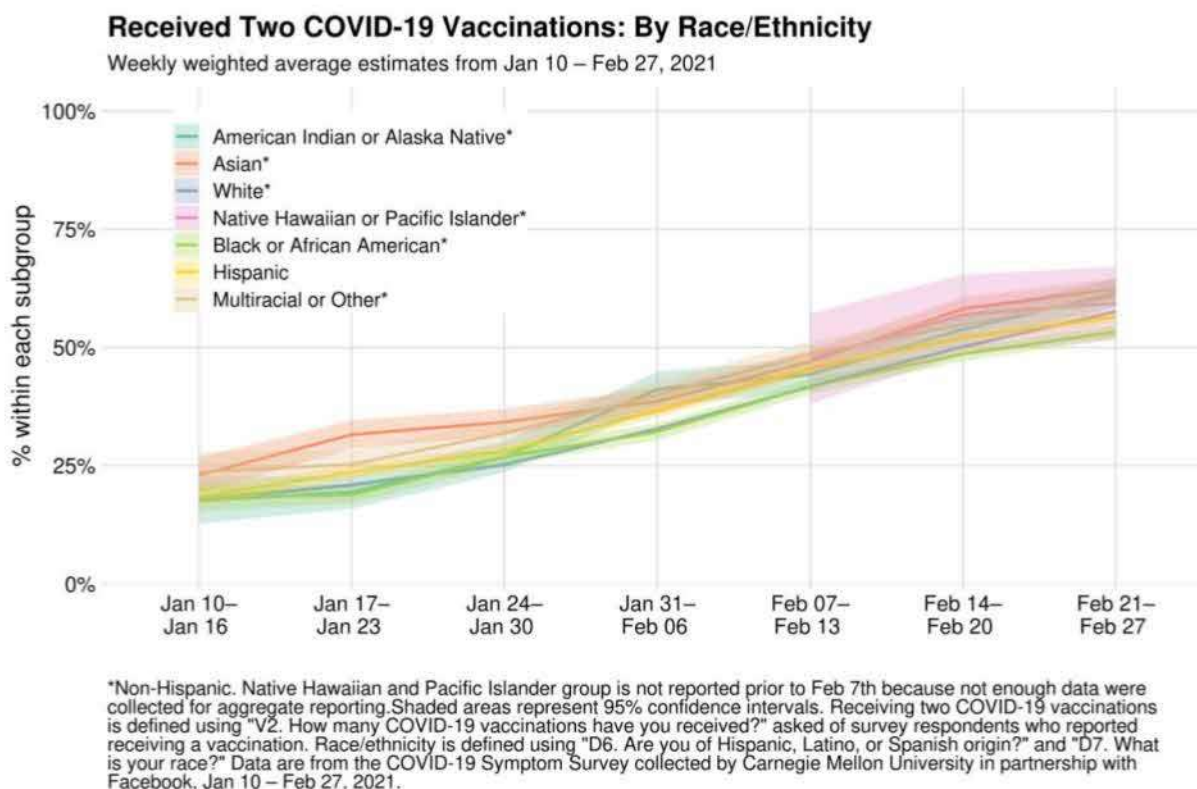


Figure 14: Percent of adults who received two COVID-19 vaccinations out of adults who reported receiving a COVID-19 vaccination, by race/ethnicity, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in [Table C.1](#), [Appendix C](#))

3.6 Receiving Two COVID-19 Vaccinations: By Gender

Trends by gender are summarized in Figure 15 (below) and in [Appendix C](#).

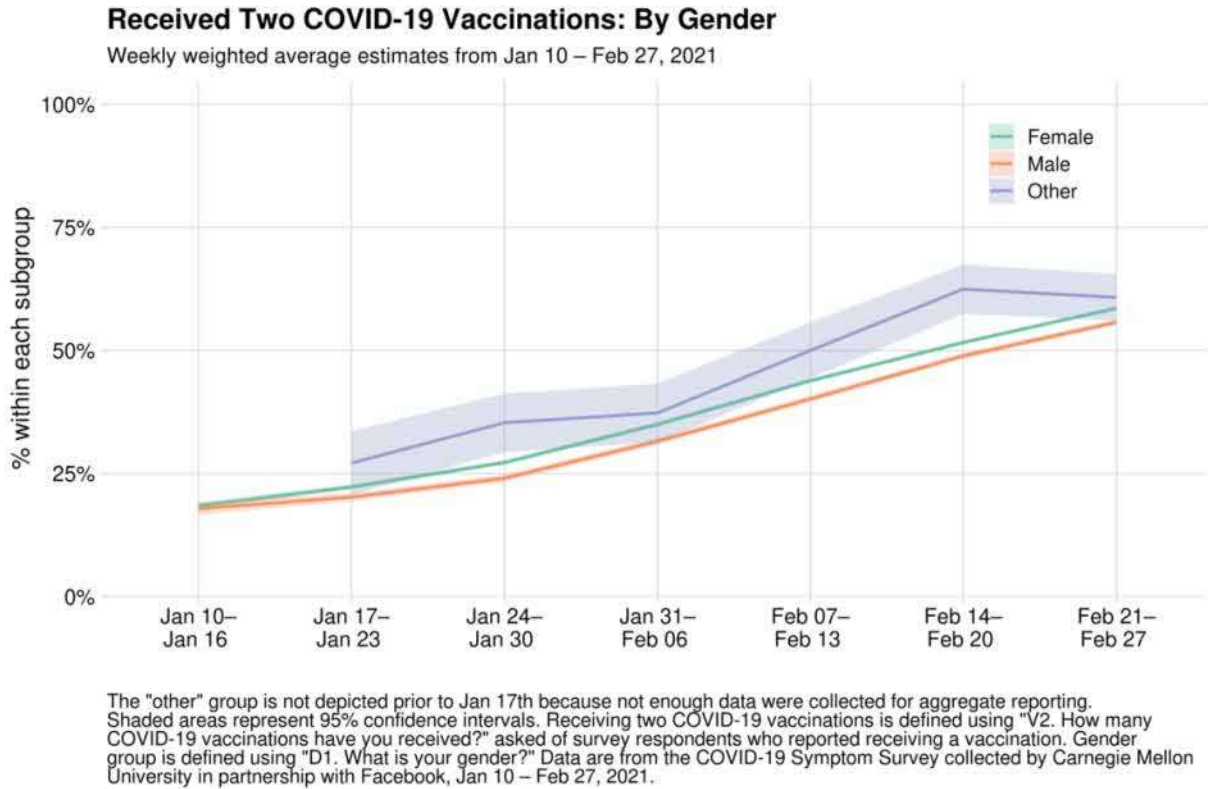


Figure 15: Percent of adults who received two COVID-19 vaccinations out of adults who reported receiving a COVID-19 vaccination, by gender, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in [Table C.1](#), [Appendix C](#))

3.7 Receiving Two COVID-19 Vaccinations: By State

Trends by state are summarized in Figure 16 (below) and in [Appendix C](#).

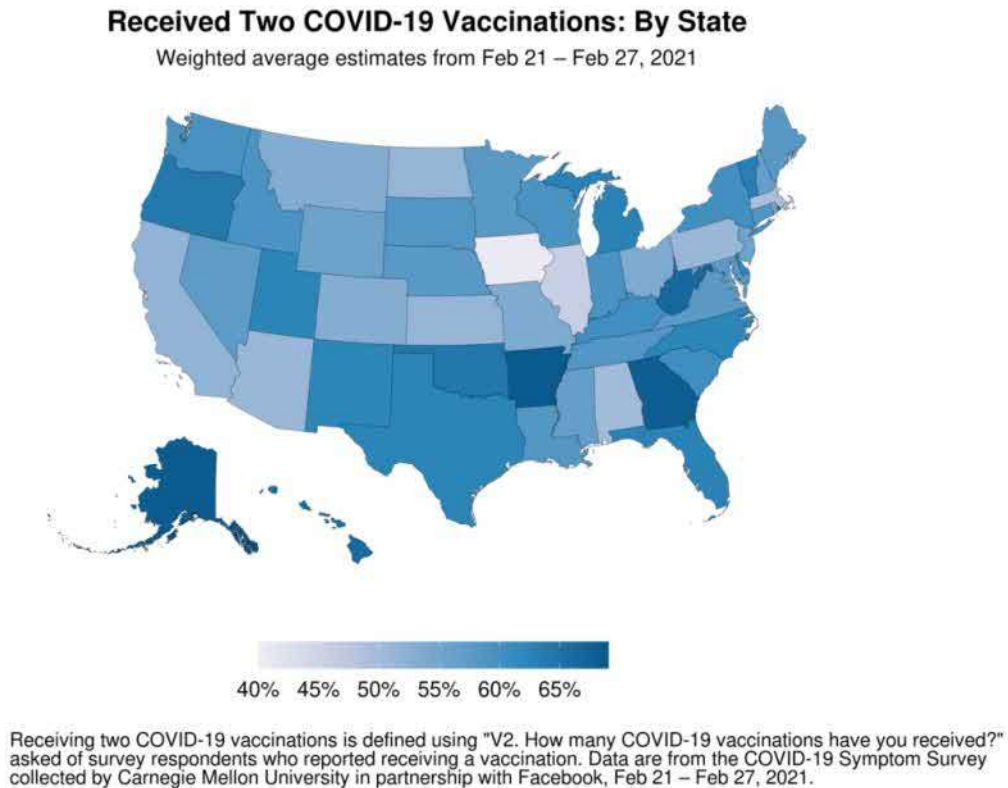


Figure 16: Percent of adults who received two COVID-19 vaccinations out of adults who reported receiving a COVID-19 vaccination, by state, as estimated by the COVID-19 Symptom Survey, Feb 21 – Feb 27, 2021 (Data are tabulated in [Table C.1, Appendix C](#))

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](#).

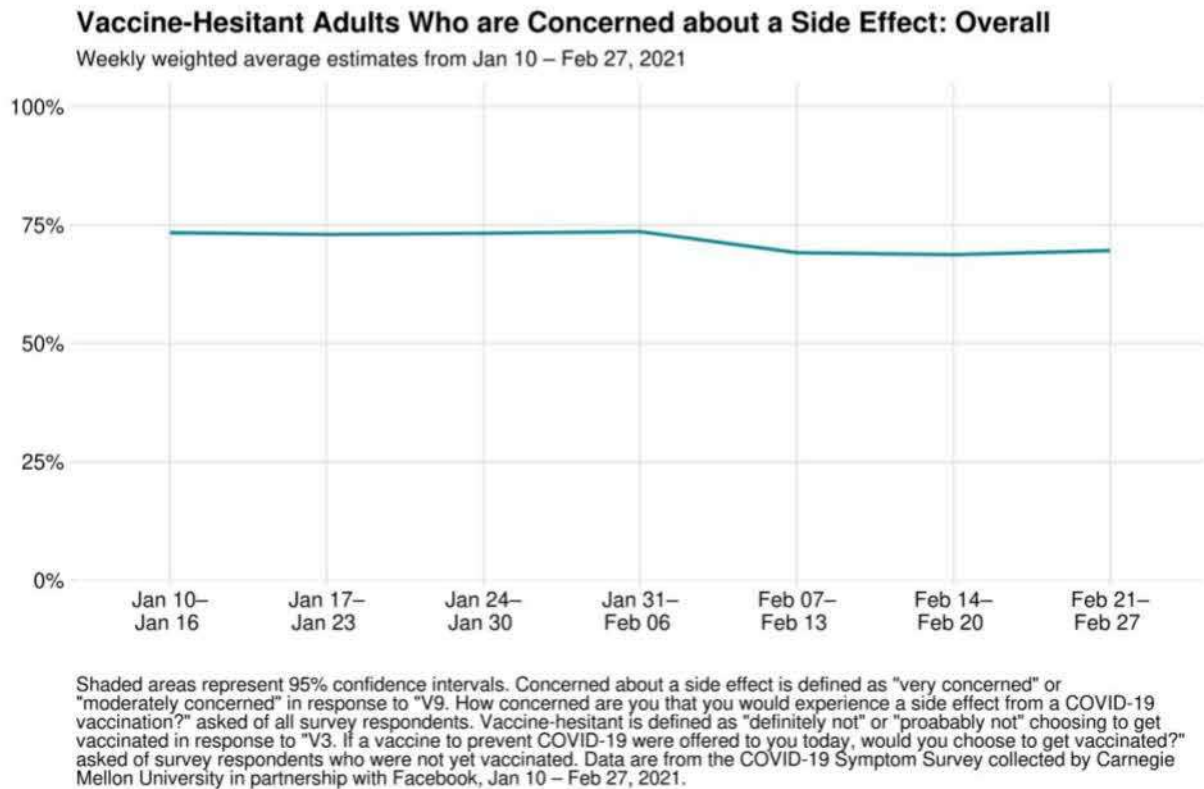


Figure 17: Vaccine-hesitant adults who are concerned about a side effect as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in [Table D.1](#), [Appendix D](#))

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](#).

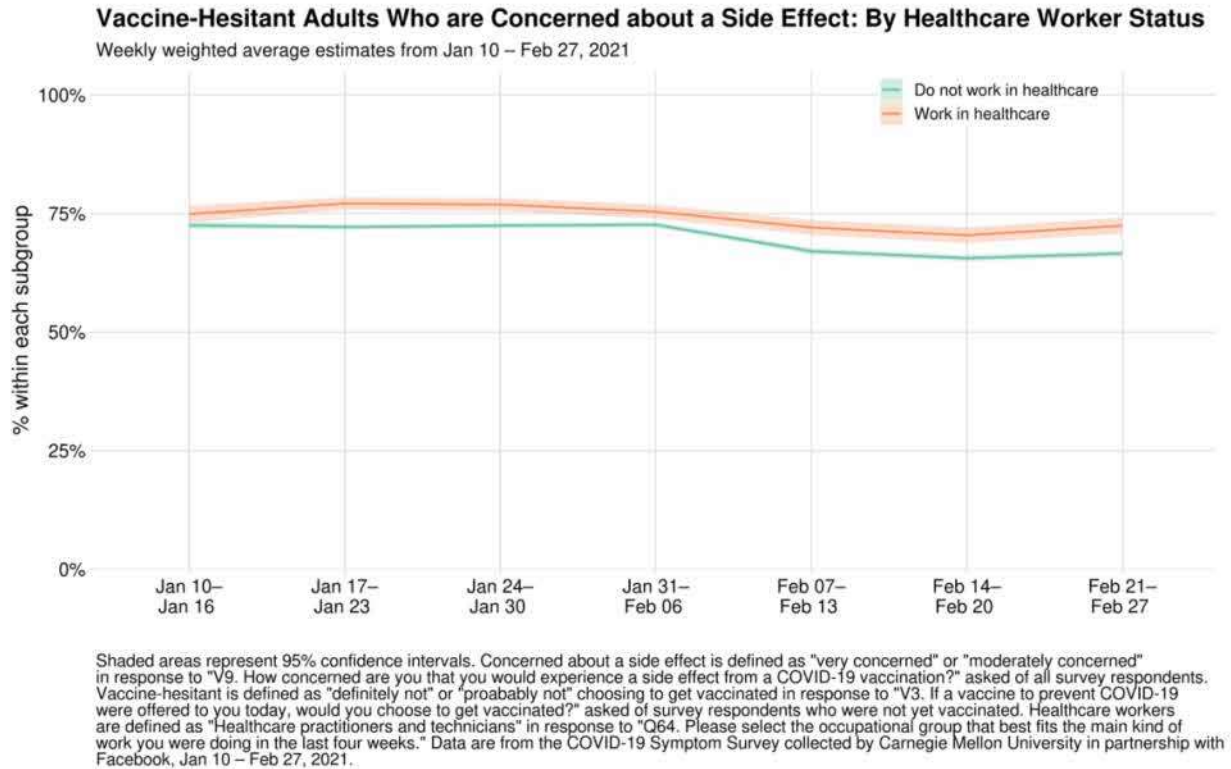


Figure 18: Vaccine-hesitant adults who are concerned about a side effect, by healthcare worker status, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in [Table D.1](#), [Appendix D](#))

4.3 Concerned about a Side Effect: By Age

Trends by age are summarized in Figure 19 (below) and in [Appendix D](#).

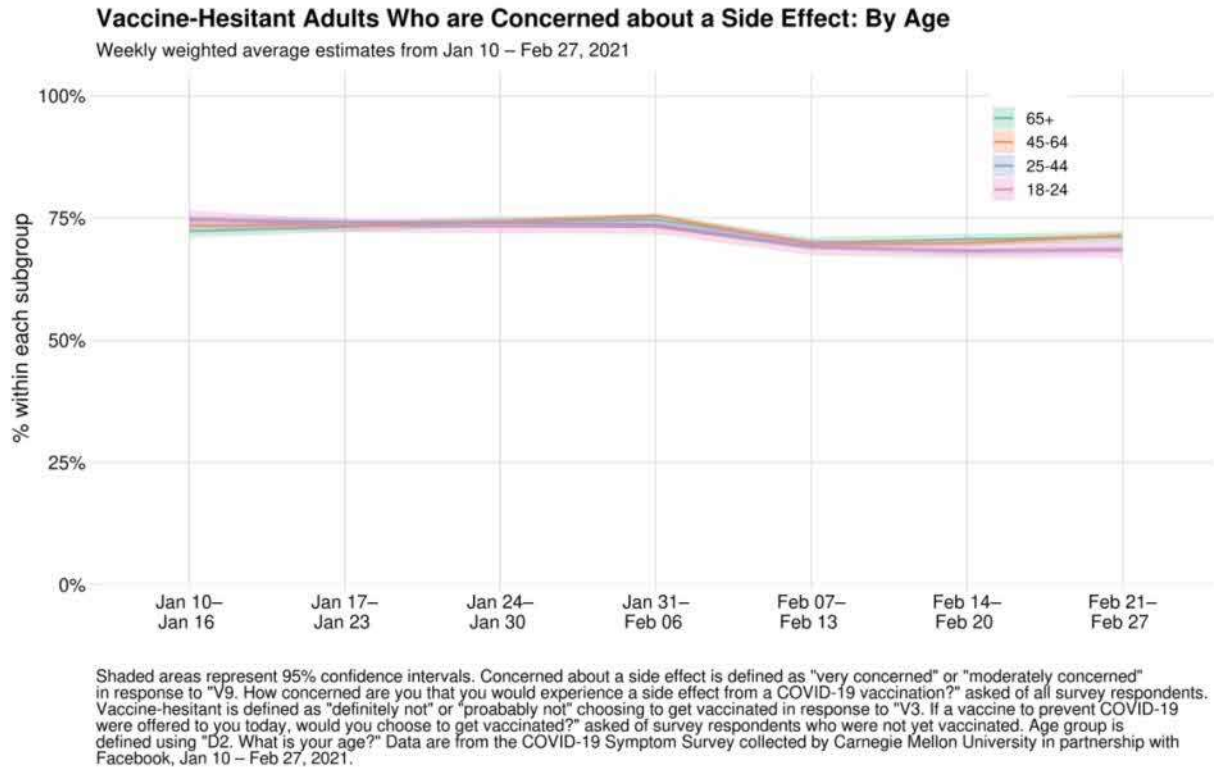


Figure 19: Vaccine-hesitant adults who are concerned about a side effect, by age, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in [Table D.1](#), [Appendix D](#))

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](#).

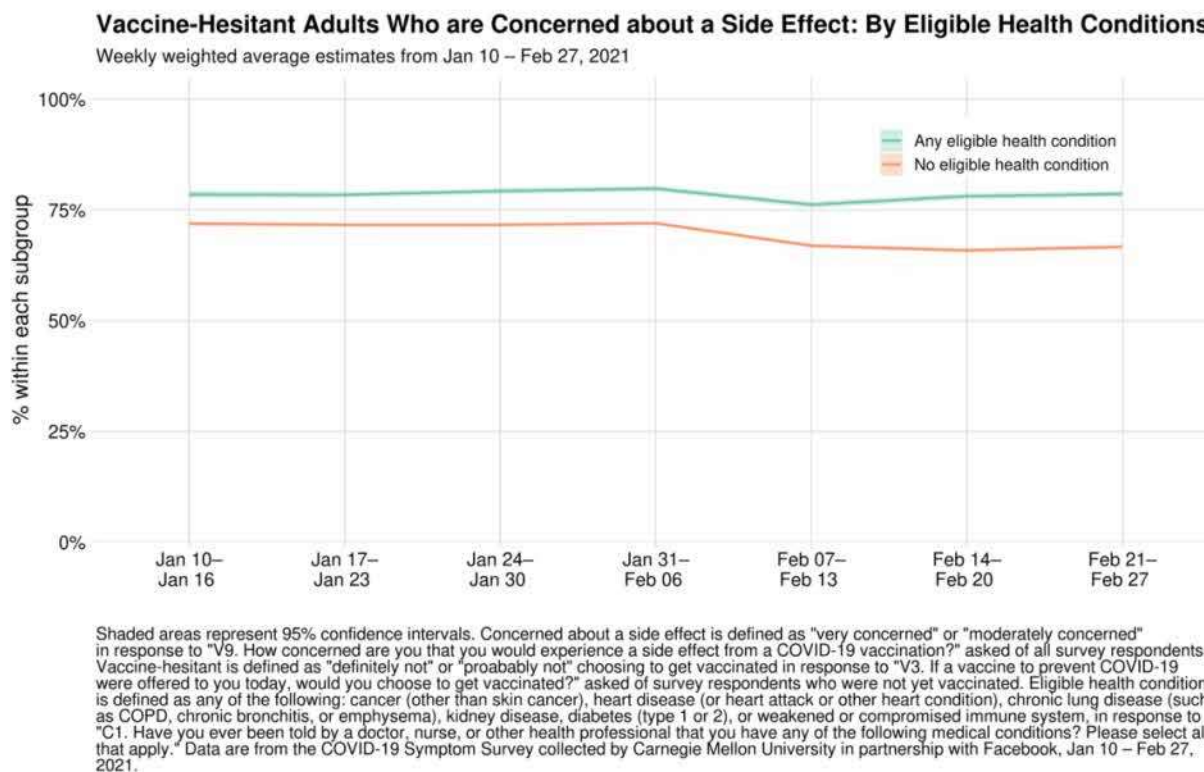


Figure 20: Vaccine-hesitant adults who are concerned about a side effect, by eligible health conditions, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in [Table D.1](#), [Appendix D](#))

4.5 Concerned about a Side Effect: By Race/Ethnicity

Trends by race/ethnicity are summarized in Figure 21 (below) and in [Appendix D](#).

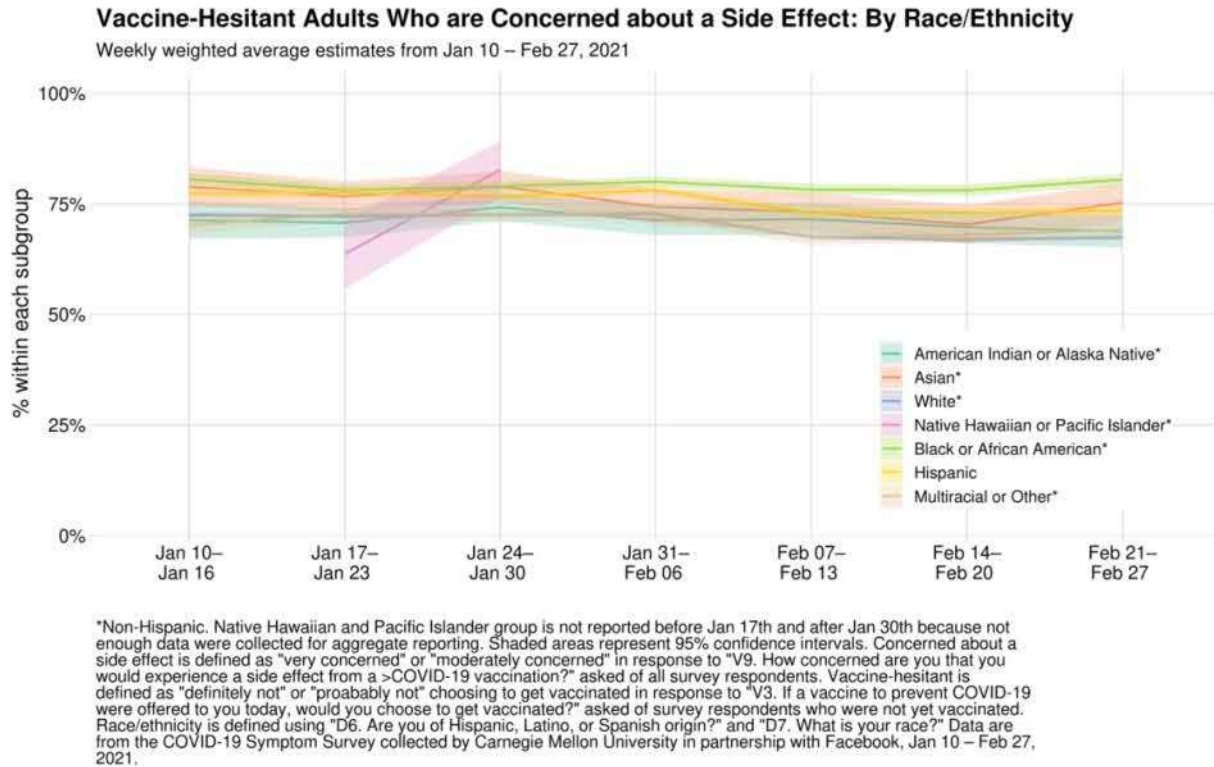


Figure 21: Vaccine-hesitant adults who are concerned about a side effect, by race/ethnicity as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in [Table D.1](#), [Appendix D](#))

4.6 Concerned about a Side Effect: By Gender

Trends by gender are summarized in Figure 22 (below) and in [Appendix D](#).

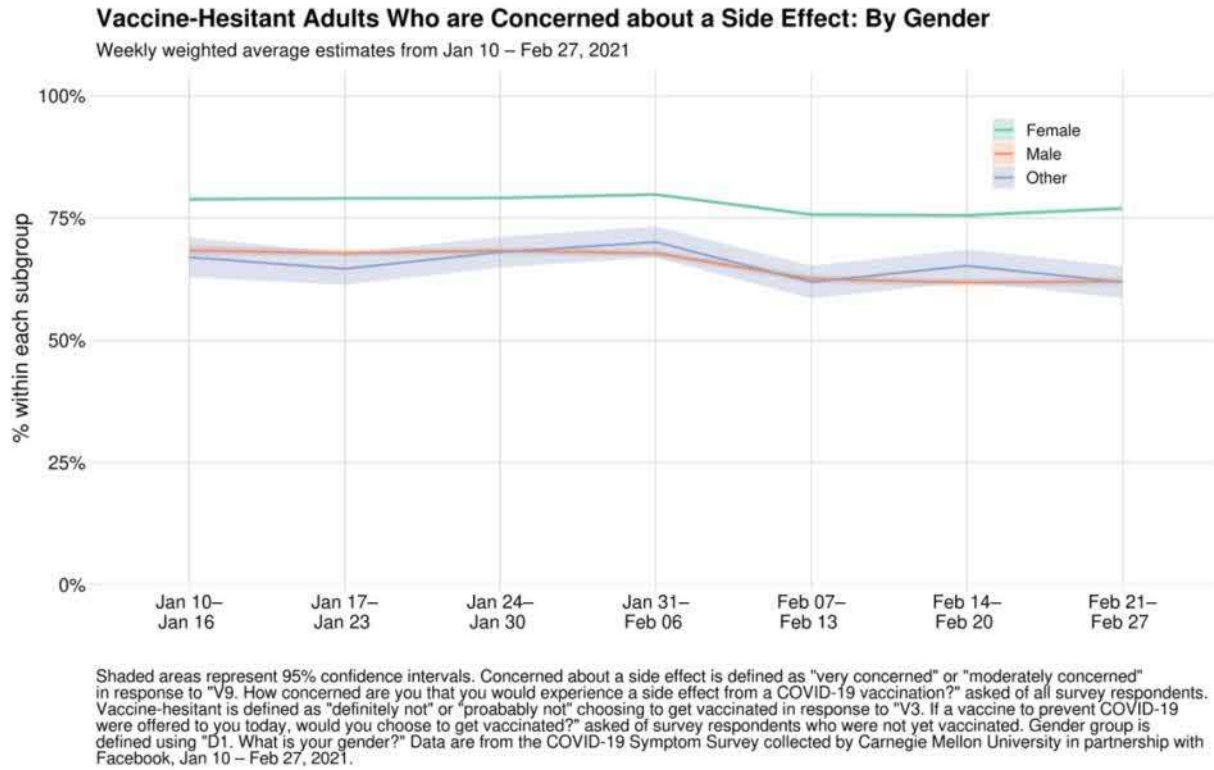


Figure 22: Vaccine-hesitant adults who are concerned about a side effect, by gender, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in [Table D.1, Appendix D](#))

4.7 Concerned about a Side Effect: By State

Trends by state are summarized in Figure 23 (below) and in [Appendix D](#).

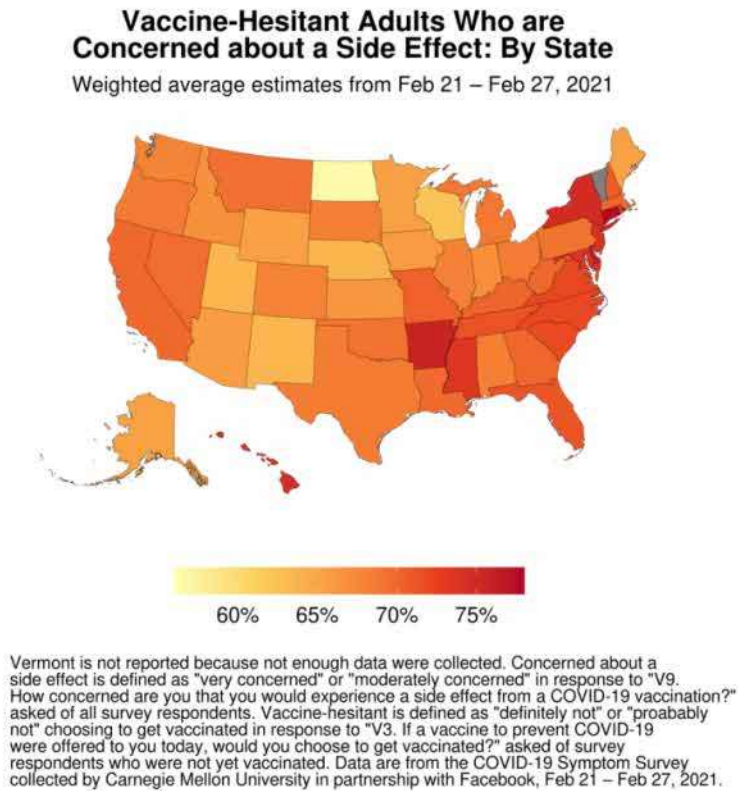


Figure 23: Vaccine-hesitant adults who are concerned about a side effect, by state, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in [Table D.1](#), [Appendix D](#))

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](#).

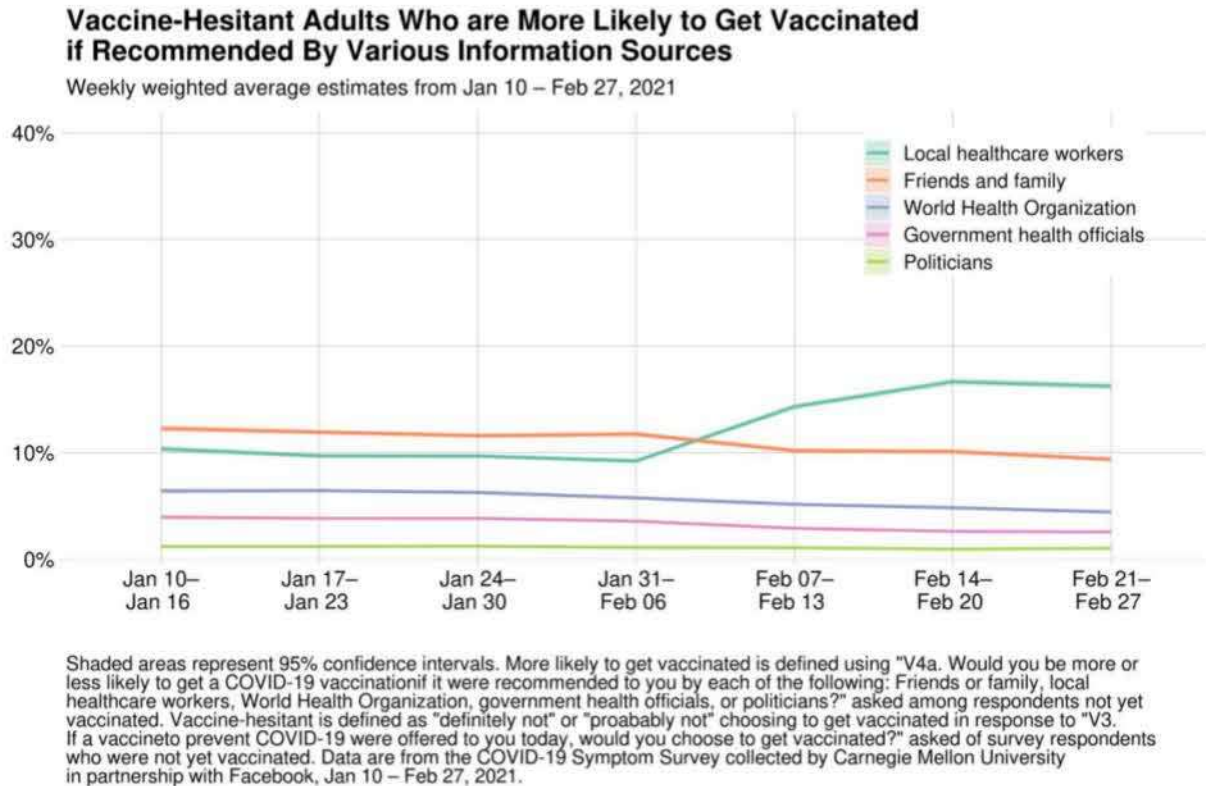


Figure 24: Vaccine-hesitant adults who are more likely to get vaccinated if recommended by various information sources as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in [Table E.1](#), [Appendix E](#))

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](#).

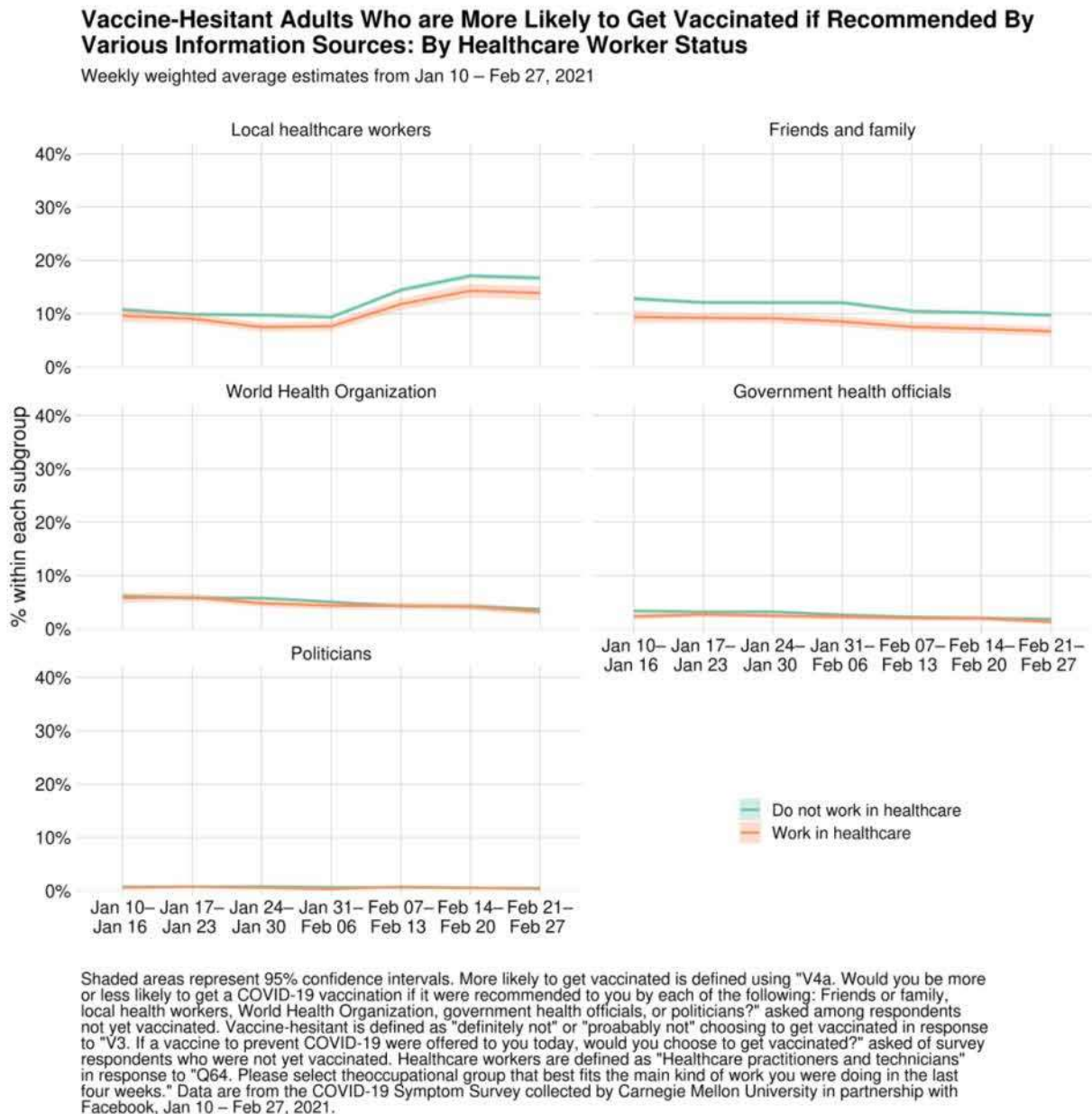


Figure 25: Vaccine-hesitant adults who are more likely to get vaccinated if recommended by various information sources, by healthcare worker status, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in [Table E.1](#), [Appendix E](#))

5.3 Influence of Information Sources: By Age

Trends by age are summarized in Figure 26 (below) and in [Appendix E](#).

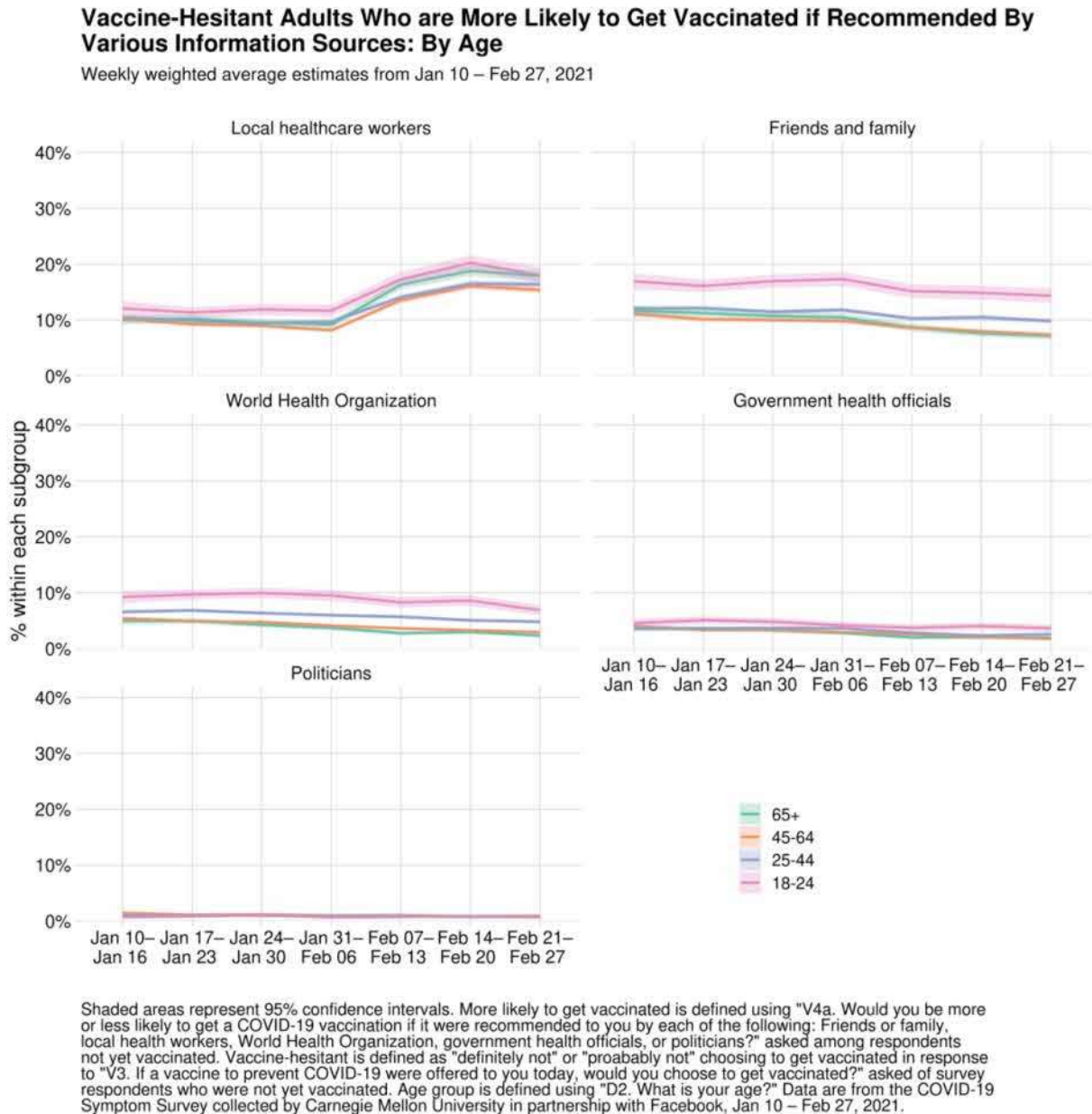
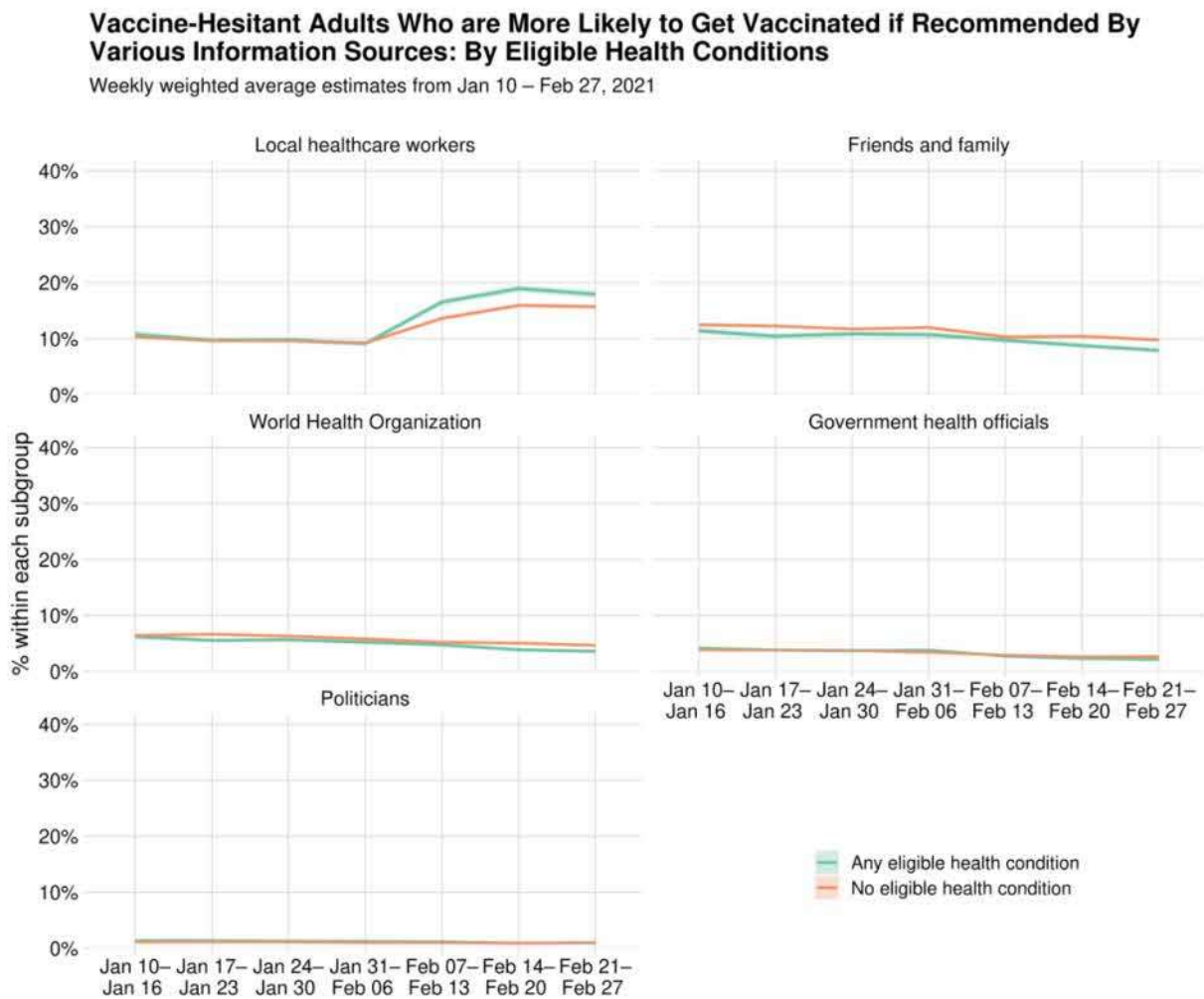


Figure 26: Vaccine-hesitant adults who are more likely to get vaccinated if recommended by various information sources, by age, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in [Table E.1](#), [Appendix E](#))

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](#).

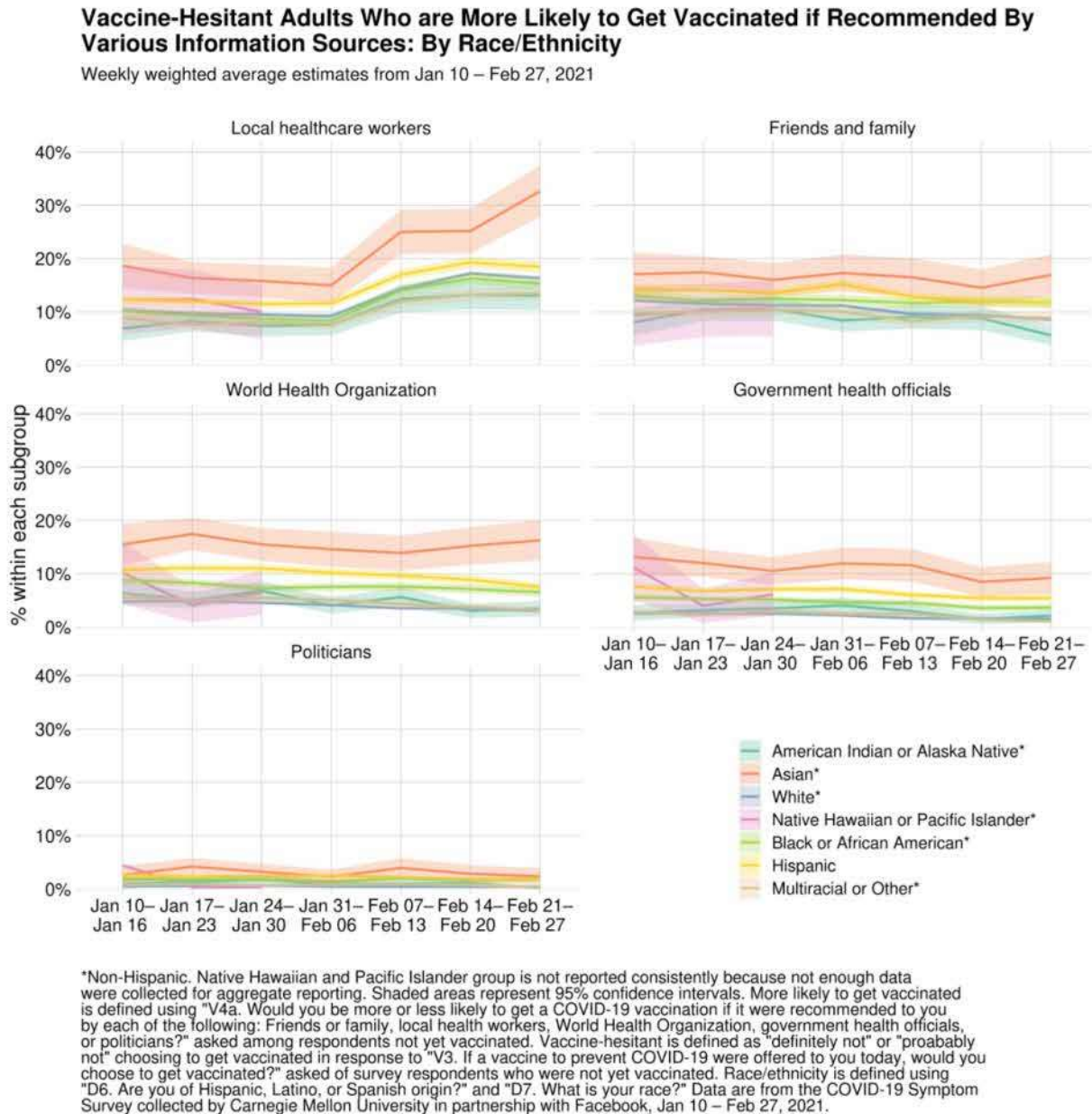


Figure 28: Vaccine-hesitant adults who are more likely to get vaccinated if recommended by various information sources, by race/ethnicity, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in [Table E.1](#), [Appendix E](#))

5.6 Influence of Information Sources: By Gender

Trends by gender are summarized in Figure 29 (below) and in [Appendix E](#).

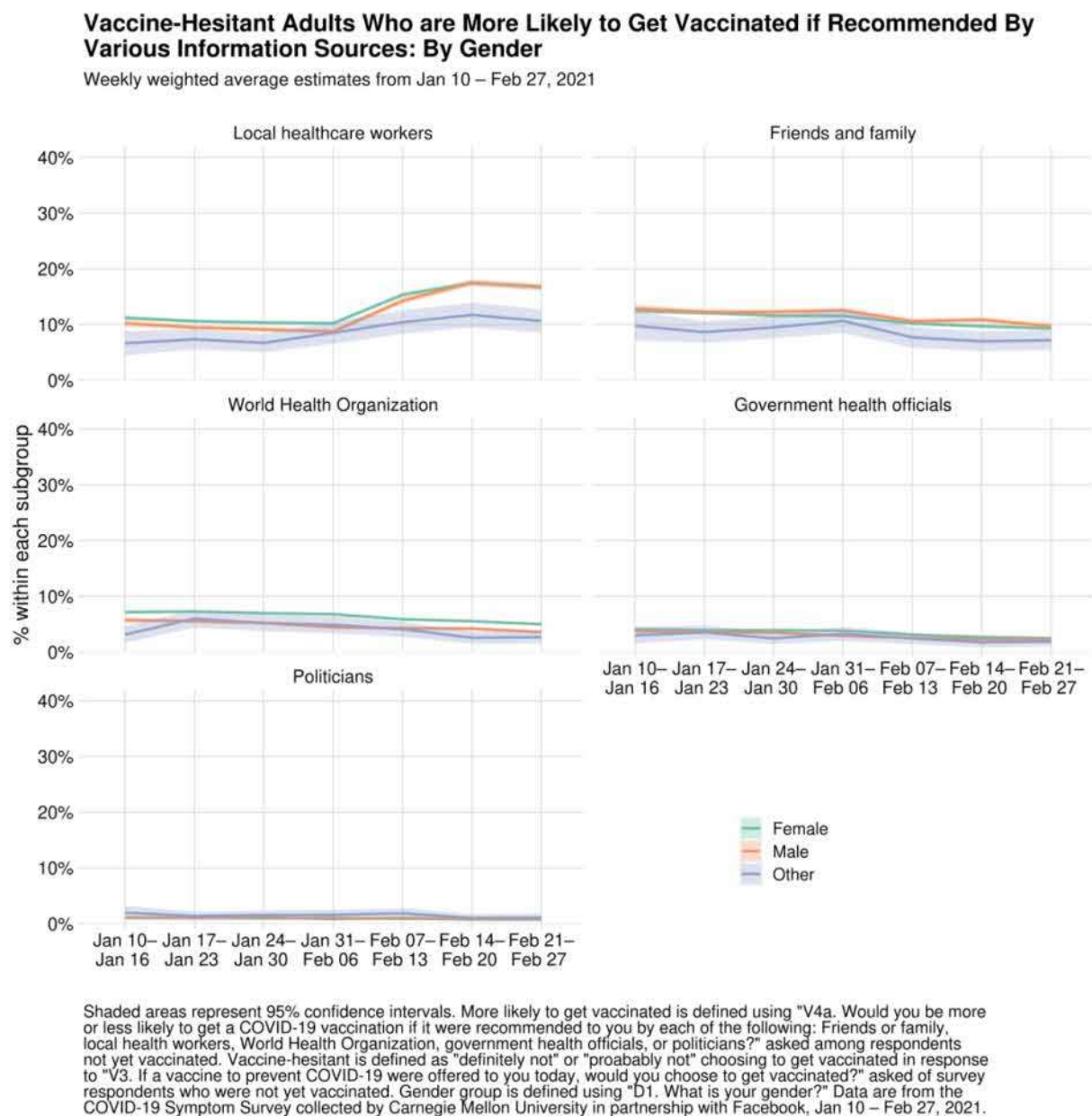
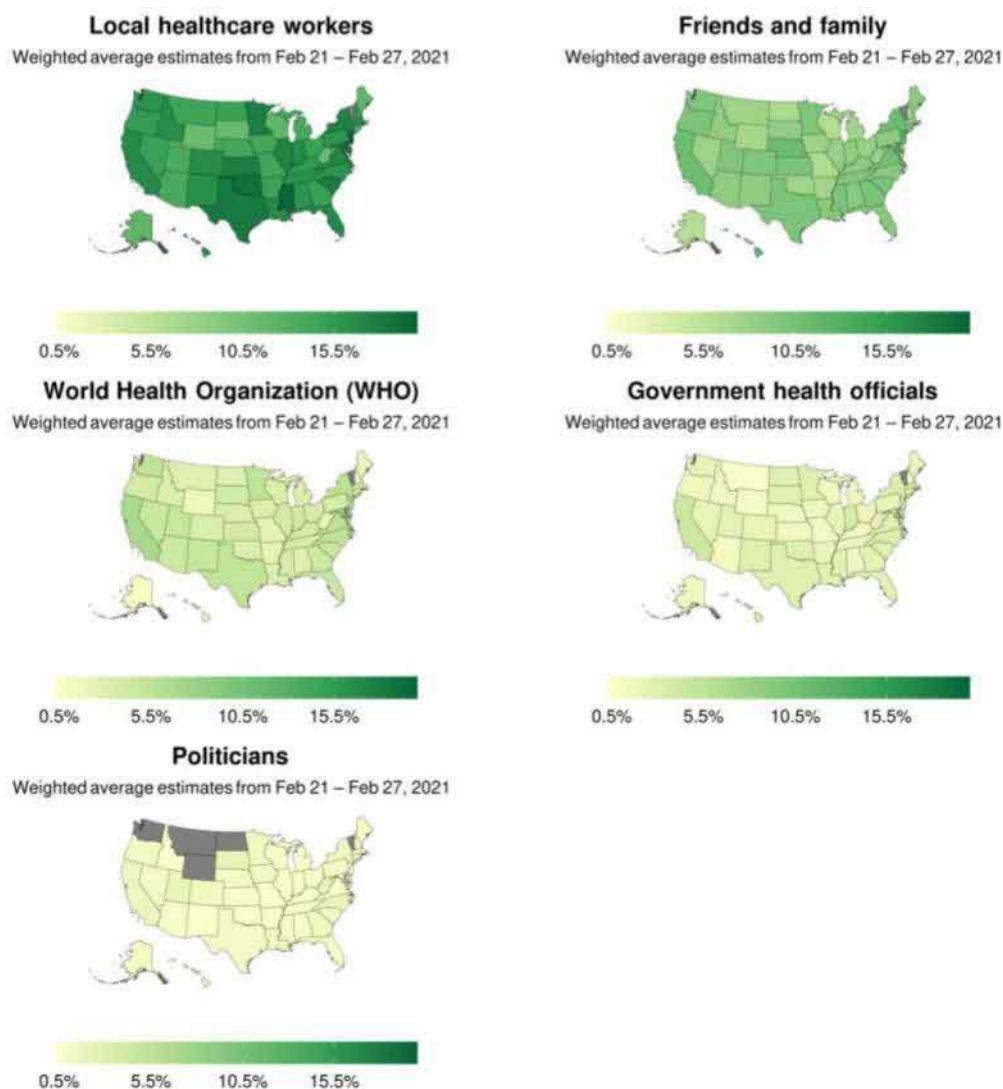


Figure 29: Vaccine-hesitant adults who are more likely to get vaccinated if recommended by various information sources, by gender, as estimated by the COVID-19 Symptom Survey, Jan 10 – Feb 27, 2021 (Data are tabulated in [Table E.1, Appendix E](#))

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)
Native Hawaiian or Pacific Islander* (Total N=3,580)							
Received a vaccination	9.6 (1.2)	12.5 (1.4)	15.6 (1.6)	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)	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)	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)	0.2 (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)	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)	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)	38.0 (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)	0.2 (<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)	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)	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)	20.4 (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)	
By Gender:							
Female (Total N=1,141,341)							
Received a vaccination	9.7 (0.1)	13.5 (0.1)	17.5 (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)	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)	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)	
Male (Total N=547,981)							
Received a vaccination	7.3 (0.1)	10.4 (0.1)	14.1 (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 on intent	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	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)

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Received two COVID-19 vaccinations Kansas (Total N=4,147)	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)
Received two COVID-19 vaccinations Kentucky (Total N=5,825)	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)
Received two COVID-19 vaccinations Louisiana (Total N=6,317)	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)
Received two COVID-19 vaccinations Maine (Total N=2,538)	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)
Received two COVID-19 vaccinations Maryland (Total N=5,538)	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)
Received two COVID-19 vaccinations Massachusetts (Total N=5,727)	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)
Received two COVID-19 vaccinations Michigan (Total N=17,811)	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)
Received two COVID-19 vaccinations Minnesota (Total N=6,072)	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)
Received two COVID-19 vaccinations Mississippi (Total N=4,192)	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)
Received two COVID-19 vaccinations Missouri (Total N=6,750)	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)
Received two COVID-19 vaccinations Montana (Total N=2,105)	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)
Received two COVID-19 vaccinations Nebraska (Total N=2,598)	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)
Received two COVID-19 vaccinations Nevada (Total N=2,998)	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)
Received two COVID-19 vaccinations New Hampshire (Total N=2,414)	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)
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)

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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)							

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Received two COVID-19 vaccinations Vermont (Total N=1,114)	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)
Received two COVID-19 vaccinations Virginia (Total N=12,162)	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)
Received two COVID-19 vaccinations Washington (Total N=10,197)	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)
Received two COVID-19 vaccinations West Virginia (Total N=3,952)	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)
Received two COVID-19 vaccinations Wisconsin (Total N=7,677)	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)
Received two COVID-19 vaccinations Wyoming (Total N=1,131)	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)
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)	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)
Concerned about a side effect							
Alaska (Total N=1,127)	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)
Concerned about a side effect							
Arizona (Total N=7,393)	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)
Concerned about a side effect							
Arkansas (Total N=4,704)	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)
Concerned about a side effect							
California (Total N=24,175)	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)
Concerned about a side effect							
Colorado (Total N=5,393)	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)
Concerned about a side effect							
Connecticut (Total N=3,441)	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)
Concerned about a side effect							
Delaware (Total N=1,390)	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)
Concerned about a side effect							
District Of Columbia (Total N=NR**)	NR**	NR**	NR**	NR**	NR**	NR**	NR**
Concerned about a side effect							
Florida (Total N=26,270)	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)
Concerned about a side effect							
Georgia (Total N=12,266)	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)
Concerned about a side effect							

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:

65+ years (Total N=213,446)										
Local health workers	10.1 (0.5)	10.3 (0.4)	9.6 (0.3)	9.2 (0.4)	16.3 (0.5)	18.8 (0.5)	17.9 (0.5)			
Friends and family	11.6 (0.5)	11.3 (0.4)	10.7 (0.4)	10.5 (0.4)	8.7 (0.4)	7.6 (0.3)	7.2 (0.3)			
World Health Organization	4.9 (0.3)	4.9 (0.3)	4.2 (0.2)	3.7 (0.2)	2.7 (0.2)	3.0 (0.2)	2.4 (0.2)			
Government health officials	3.6 (0.3)	3.5 (0.2)	3.3 (0.2)	2.8 (0.2)	2.0 (0.2)	2.0 (0.2)	2.0 (0.2)			
Politicians	1.0 (0.2)	1.0 (0.1)	1.2 (0.1)	0.9 (0.1)	0.8 (0.1)	0.7 (0.1)	0.8 (0.1)			
45-64 years (Total N=570,588)										
Local health workers	10.2 (0.3)	9.3 (0.2)	9.0 (0.2)	8.2 (0.2)	13.6 (0.3)	16.1 (0.3)	15.4 (0.3)			
Friends and family	11.1 (0.3)	10.2 (0.2)	10.0 (0.2)	9.9 (0.2)	8.6 (0.2)	8.0 (0.2)	7.3 (0.2)			
World Health Organization	5.4 (0.2)	4.9 (0.1)	4.8 (0.2)	4.1 (0.2)	3.6 (0.1)	3.3 (0.1)	2.9 (0.1)			
Government health officials	4.1 (0.2)	3.3 (0.1)	3.3 (0.1)	2.9 (0.1)	2.6 (0.1)	2.0 (0.1)	1.7 (0.1)			
Politicians	1.5 (0.1)	1.2 (0.1)	1.2 (0.1)	1.0 (0.1)	1.1 (0.1)	0.9 (0.1)	0.7 (0.1)			
25-44 years (Total N=630,207)										
Local health workers	10.5 (0.3)	9.9 (0.2)	9.4 (0.2)	9.7 (0.2)	14.1 (0.3)	16.5 (0.3)	16.4 (0.3)			
Friends and family	12.0 (0.3)	12.1 (0.2)	11.5 (0.2)	11.8 (0.2)	10.3 (0.2)	10.5 (0.2)	9.8 (0.2)			
World Health Organization	6.6 (0.2)	6.8 (0.2)	6.4 (0.2)	6.0 (0.2)	5.7 (0.2)	5.0 (0.2)	4.8 (0.2)			
Government health officials	3.6 (0.2)	3.6 (0.1)	3.7 (0.1)	3.6 (0.1)	2.8 (0.1)	2.3 (0.1)	2.6 (0.1)			
Politicians	0.9 (0.1)	1.1 (0.1)	1.0 (0.1)	1.0 (0.1)	1.0 (0.1)	0.8 (0.1)	0.9 (0.1)			
18-24 years (Total N=103,046)										
Local health workers	12.1 (0.7)	11.4 (0.5)	11.9 (0.5)	11.7 (0.6)	17.3 (0.7)	20.2 (0.7)	18.1 (0.7)			
Friends and family	16.9 (0.8)	16.1 (0.6)	17.0 (0.6)	17.4 (0.7)	15.2 (0.6)	14.9 (0.6)	14.4 (0.7)			
World Health Organization	9.2 (0.6)	9.7 (0.5)	9.9 (0.5)	9.5 (0.5)	8.3 (0.5)	8.6 (0.5)	6.9 (0.5)			
Government health officials	4.5 (0.4)	5.1 (0.3)	4.8 (0.3)	4.1 (0.3)	3.7 (0.3)	4.0 (0.3)	3.6 (0.3)			
Politicians	0.7 (0.2)	0.9 (0.1)	1.1 (0.2)	0.7 (0.1)	0.8 (0.2)	0.9 (0.2)	0.9 (0.2)			
By Eligible Health Conditions:										
Any Eligible Health Condition (Total N=474,724)										
Local health workers	10.8 (0.3)	9.7 (0.2)	9.8 (0.2)	9.1 (0.2)	16.5 (0.3)	18.9 (0.3)	17.9 (0.3)			
Friends and family	11.4 (0.3)	10.4 (0.2)	10.9 (0.3)	10.7 (0.3)	9.7 (0.2)	8.8 (0.2)	7.9 (0.2)			

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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)

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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)

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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)							

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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)

** Not reported because not enough data were collected for aggregate reporting.

FACEBOOK

Payton Iheme and Genelle Adrien

U.S. Public Policy

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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

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From: Crawford, Carol Y. (CDC/OD/OADC) <cjy1@cdc.gov>

Sent: Tuesday, March 16, 2021 9:21:20 AM

To: Payton Iheme <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 Iheme <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 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)" <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 Iheme and Genelle Adrien

U.S. Public Policy

[Facebook](#)

From: [Payton Iheme](#)
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 Iheme <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)



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From: Payton Iheme <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](#)

Exhibit

9

From: [Payton Iheme](#)
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 a 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 Iheme <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 Iheme <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 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)

- 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:

(b)(4)

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 Iheme <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

Appendix: Inputs and Sources

The Rapid COVID-19 State of Vaccine Confidence Insights Report collected and synthesized data from over 15 data streams to distill patterns of consumer, provider, and state and jurisdiction questions, comments, and concerns about the recommendation to pause use of the J&J COVID-19 Vaccine.

Input	Sources	Tactics for Utilization
Meltwater	<ul style="list-style-type: none"> Facebook, Twitter, Instagram Blogs News media Online forums 	<ul style="list-style-type: none"> Conduct share of voice topic analysis Identify emerging topic themes Detect high reach and high velocity topics
OADC Channel Comment Analysis	<ul style="list-style-type: none"> Native platform searches 	<ul style="list-style-type: none"> Conduct sentiment analysis Recognize message gaps and information voids
CrowdTangle	<ul style="list-style-type: none"> Facebook 	<ul style="list-style-type: none"> View top pages (voices) and top groups General trends/sentiment analysis Examine news analysis through posts
FEMA Social Listening Report	<ul style="list-style-type: none"> Hootsuite Brandwatch CrowdTangle Meltwater 	<ul style="list-style-type: none"> Identify trends Conduct sentiment analysis Examine national and global news analysis
CDC-INFO Metrics	<ul style="list-style-type: none"> CDC-INFO inquiry line list Prepared response (PR) usage report 	<ul style="list-style-type: none"> Compare PR usage report with inquiry theme analysis Recognize message gaps and information voids
Poll Review	<ul style="list-style-type: none"> Harris Poll, PEW Research, Gallup Poll, KFF, de Beaumont New, emerging poll data sources (e.g., YouGov polling data) 	<ul style="list-style-type: none"> Identify socio-behavior indicators related to motivation and intention to vaccinate

Exhibit

10

From: [Crawford, Carol Y. \(CDC/OD/OADC\)](#)
To: [Genelle Adrien](#); [Payton Iheme](#); [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 Iheme <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 Iheme <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 Iheme <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?

Exhibit

11

From: Waldo, Eric (HHS/OASH)
Sent: Thu, 29 Jul 2021 22:00:47 +0000
To: Nick Clegg; Murthy, Vivek (HHS/OASH)
Cc: Guy Rosen; Brian Rice
Subject: RE: Message from Nick Clegg

Hi Nick,

I hope this week has been treating you well (not sure if you are still on holiday in Spain—a consummation devoutly to be wished).

Vivek and I were chatting today and I wanted to make sure we sent you a note. Brian and I have off-lined and I know we have some more follow-up to do. We've been all in on the new CDC guidance, but more from our team to come.

Thank you again for sending this over.

All the best,
Eric

From: Nick Clegg <nclegg@fb.com>
Sent: Friday, July 23, 2021 7:30 PM
To: Murthy, Vivek (HHS/OASH) <Vivek.Murthy@hhs.gov>
Cc: Guy Rosen <guyro@fb.com>; Brian Rice <brianrice@fb.com>; Waldo, Eric (HHS/OASH) <Eric.Waldo@hhs.gov>
Subject: Message from Nick Clegg

Dear Vivek (if I may),

Thanks again for taking the time to meet earlier today. It was very helpful to take stock after the past week and hear directly from you and your team, and to establish our next steps.

We talked about the speed at which we are all having to iterate as the pandemic progresses. I wanted to make sure you saw the steps we took just this past week to adjust policies on what we are removing with respect to misinformation, as well as steps taken to further address the “disinfo dozen”: we removed 17 additional Pages, Groups, and Instagram accounts tied to the disinfo dozen (so a total of 39 Profiles, Pages, Groups, and IG accounts deleted thus far, resulting in every member of the disinfo dozen having had at least one such entity removed). We are also continuing to make 4 other Pages and Profiles, which have not yet met their removal thresholds, more difficult to find on our platform. We also expanded the group of false claims that we remove, to keep up with recent trends of misinformation that we are seeing.

We hear your call for us to do more and, as I said on the call, we're committed to working toward our shared goal of helping America get on top of this pandemic. We will reach out directly to DJ to schedule the deeper dive on how to best measure Covid related content and how to proceed with respect to the question around data. We'd also like to begin a regular

cadence of meetings with your team so that we can continue to update you on our progress. You have identified 4 specific recommendations for improvement and we want to make sure to keep you informed of our work on each.

I want to again stress how critical it is that we establish criteria for measuring what's happening on an industry-wide basis, not least to reflect the way platforms are used interchangeably by users themselves. We believe that we have provided more transparency, both through CrowdTangle (the flaws of which we discussed in some detail) and through our Top 100 report, than others and that any further analysis should include a comprehensive look at what's happening across all platforms--ours and others – if we are going to make progress in a consistent and sustained manner.

Finally, we will be sending you the latest version of our Top 100 report later today, per our regular schedule. Brian will do the honors this week as it will likely be completed at our end later today East Coast time. We really do hope that we can discuss our approach to this data set in greater detail during our next session with DJ, as we genuinely believe it is an effective way of understanding what people are actually seeing on the platform.

Once again, I want to thank you for setting such a constructive tone at the beginning of the call. We too believe that we have a strong shared interest to work together, and that we will strive to do all we can to meet our shared goals.

Best wishes

Nick

Exhibit

12

From: Nick Clegg
Sent: Fri, 20 Aug 2021 19:08:20 +0000
To: Murthy, Vivek (HHS/OASH)
Cc: Waldo, Eric (HHS/OASH) (b)(6) @gmail.com; Brian Rice
Subject: Facebook Covid actions

Dear Surgeon General

Many thanks again for the recent opportunity to discuss our Covid related work. You asked for an update on existing and new steps that Facebook is taking. As you know, Facebook takes its responsibility during this prolonged, unprecedented public health crisis extremely seriously. In light of our conversation we have been reviewing our efforts to combat COVID-19, and are eager to continue working towards our shared goal of helping more people get vaccinated and limiting the spread of harmful misinformation.

The White House described four recommendations to social media platforms in July, which cover access to authoritative information, enforcement and speed of enforcement, and transparency. Those are priorities we have shared throughout the COVID-19 pandemic. In this update, we describe both our historic actions in these areas, as well as new information on boosting access to authoritative information, and further policy work to enable stronger action against persistent distributors of vaccine misinformation. Finally, as agreed at our last meeting, we remain eager to meet with you and/or your team about our ideas regarding data that could potentially be shared with the public.

Elevating access to better information

We continue to review, experiment and adapt to find better ways to increase access to quality information, as we have done since the start of the pandemic:

- We have heard your and others' concern that people should be better able to access authoritative information on our platform. We agree, and have already taken action to make it easier for people to find more authoritative and trusted information in News Feed. We would be happy to describe these efforts to you in a specific briefing.
- We continue to help people directly access accurate information through the COVID Information Center, and will keep adding to this as the situation evolves and especially as guidance for various populations is updated - including when children should get vaccinated, and when the already vaccinated should be getting boosters.
- So far we have connected over 2 billion people globally with resources about COVID, and in the US alone we've helped over 4 million people get vaccinated through our Vaccine Finder, which connects them with appointment information, directions, and contact information.
- We're continuing to refine how we help health partners reach communities with less access to information or lower vaccination rates, leveraging the CDC's Social Vulnerability Index and other resources to reach those populations with high-quality, authoritative information.

Limiting Potentially Harmful Information

We continue to improve and refine measures that reduce the spread of potentially harmful content and limit the distribution of actors who share misleading information about COVID and the vaccine:

- We will shortly be expanding our COVID policies to further reduce the spread of potentially harmful content on our platform. These changes will apply across Facebook and Instagram.
 - We are increasing the strength of our demotions for COVID and vaccine-related content that third party fact checkers rate as "Partly False" or "Missing Context."

That content will now be demoted at the same strength that we demote any content on our platform rated "False."

- We are making it easier to have Pages/Groups/Accounts demoted for sharing COVID and vaccine-related misinformation by also counting content removals under our COVID and vaccine-related Community Standards violations towards their demotion threshold.
 - Any entity linked to another entity that is removed for violating our COVID or vaccine misinformation policies will be rendered "non-recommendable" on our platform.
 - Lastly, we will also be strengthening our existing demotion penalties for websites that are repeatedly fact-checked for COVID and vaccine misinformation content shared on our platform. Together, we intend for these policies to further limit the traction that misinformation can get on our platform.
- To date, we've removed over 20 million pieces of content for COVID- and vaccine-related misinformation. We've also taken action against people who repeatedly post content that violates our policies. Since the beginning of the pandemic, we have removed over 3,000 accounts, Pages, and groups for repeatedly violating our rules against spreading COVID and vaccine misinformation.
 - We've specifically investigated the people sometimes identified in the media as the 'Disinfo Dozen'. We've applied penalties to some of their website domains as well so any posts, including their website content, are moved lower in News Feed. The remaining accounts associated with these individuals are not posting content that breaks our rules, have only posted a small amount of violating content, which we've removed, or are simply inactive. In fact, these 12 people are responsible for about just 0.05% of all views of vaccine-related content on Facebook. This includes all vaccine-related posts they've shared, whether true or false, as well as URLs associated with these people. In total we have removed 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.
 - We continue to notify people when content that they have interacted with is removed for violating our policies on COVID and vaccines.
 - We have implemented and continue to experiment with signals that we can use -- around specific kinds of sharing behavior, specific page types, and specific types of language, among other factors -- to demote content that we predict will contain low quality information.

Increasing Transparency

We will continue to seek to ensure the actions we are taking (as well as misses) are apparent and discernible by people who don't work at Facebook. We are especially keen to discuss with you what form shared data could take in order to be most valuable to analysts and researchers, both inside and outside of government.

In terms of what we're doing now:

- We already have a wide amount of data available for analysis through our academic partnerships like FORT, but we are keenly aware that more kinds of data, or more specific cuts, may be valuable to the people actively looking to study this area more closely. We also share data with the public through our quarterly Community Standards Enforcement Report releases, [most recently this past Wednesday](#), and have also [just launched a Widely View Content Report](#) to further increase transparency with the public.
- We are currently deep in internal discussions to identify the best ways we can share with the public information about some of the most widely viewed content on Facebook. We're actively considering how we can best share that information so that it is valuable to the public and to researchers, which to the best of our knowledge no other company provides.
- We're also looking at ways we can produce more data and deeper data sets that can create richer opportunities for researchers to analyse the reach of various kinds of content.

- We have examined the distribution patterns of the so-called 'Disinfo Dozen' (as above - <https://about.fb.com/news/2021/08/taking-action-against-vaccine-misinformation-superspreaders/>).
- To advance public understanding of how social media and behavioral sciences can be leveraged to improve the health of communities around the world, we've supported researchers attempting to understand social media's role in the ongoing pandemic. One report [has already been published](#), and we are pleased to see that social media can have positive impacts on public health needs. There are other researchers we are supporting, and look forward to reviewing their work as it is completed and peer reviewed.
- While separate from the issue of content online, researchers are also able to access our COVID-19 Trends and Impact Survey, which is a global survey gathering insights about symptoms, testing, mask-wearing, social distancing, mental health, vaccine acceptance, reasons for vaccine hesitancy, and more. We believe this is the largest public health survey in history. Over 70 million responses from more than 200 countries and territories have been collected, and the data can be broken down by self-reported demographic information like gender and race as well as by hyper-local geographic regions. The data is available in near real-time and is collected off-platform by academic partners at the University of Maryland (UMD) and Carnegie Mellon University (CMU). Academic and nonprofit researchers are able request access to non-public, non-aggregated survey data for their research.

I hope this is a useful update, pending further work and discussions we will continue to update you and your teams and we are happy to meet and discuss any of the work we have outlined here. Please do not hesitate to reach out to me or my team with any further questions.

Best wishes,

Nick

From: Waldo, Eric (HHS/OASH)
Sent: Wed, 18 Aug 2021 21:39:45 +0000
To: Tartakovsky, Daniel (HHS/OASH); Beckman, Adam (HHS/OASH); Kyla Fullenwider; Kim, Ann (OS/OASH); Phillips, Alexandria (HHS/OASH)
Subject: FW: Disinfo Dozen Post

FYSA

From: Brian Rice <brianrice@fb.com>
Sent: Wednesday, August 18, 2021 2:16 PM
To: Waldo, Eric (HHS/OASH) <Eric.Waldo@hhs.gov>; DJ Patil <(b)(6)@gmail.com>
Cc: Payton Itheme <payton@fb.com>
Subject: Fwd: Disinfo Dozen Post

Eric and DJ—flagging this post for you and for Surgeon General Murthy. This details how we are approaching content from the disinfo dozen. Please let me know if you have any questions.

<https://about.fb.com/news/2021/08/taking-action-against-vaccine-misinformation-superspreaders/>

How We're Taking Action Against Vaccine Misinformation Superspreaders

In recent weeks, there has been a debate about whether the global problem of COVID-19 vaccine misinformation can be solved simply by removing 12 people from social media platforms. People who have advanced this narrative contend that these 12 people are responsible for 73% of online vaccine misinformation on Facebook. There isn't any evidence to support this claim. Moreover, focusing on such a small group of people distracts from the complex challenges we all face in addressing misinformation about COVID-19 vaccines.

That said, any amount of COVID-19 vaccine misinformation that violates our policies is too much by our standards — and we have 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. We have also imposed penalties on nearly two dozen additional Pages, groups or accounts linked to these 12 people, like moving their posts lower in News Feed so fewer people see them or not recommending them to others. We've applied penalties to some of their website domains as well so any posts including their website content are moved lower in News Feed. The remaining accounts associated with these individuals are not posting content that breaks our rules, have only posted a small amount of violating content, which we've removed, or are simply inactive. In fact, these 12 people are

responsible for about just 0.05% of all views of vaccine-related content on Facebook. This includes all vaccine-related posts they've shared, whether true or false, as well as URLs associated with these people.

The report upon which the faulty narrative is based analyzed only a narrow set of 483 pieces of content over six weeks from only 30 groups, some of which are as small as 2,500 users. **They are in no way representative of the hundreds of millions of posts that people have shared about COVID-19 vaccines in the past months on Facebook.** Further, there is no explanation for how the organization behind the report identified the content they describe as "anti-vax" or how they chose the 30 groups they included in their analysis. There is no justification for their claim that their data constitute a "representative sample" of the content shared across our apps.

Focusing on these 12 individuals misses the forest for the trees. We have worked closely with leading health organizations since January 2020 to identify and remove COVID-19 misinformation that could contribute to a risk of someone spreading or contracting the virus. **Since the beginning of the pandemic across our entire platform, we have removed over 3,000 accounts, Pages and groups for repeatedly violating our rules against spreading COVID-19 and vaccine misinformation and removed more than 20 million pieces of content for breaking these rules.**

None of this is to suggest that our work is done or that we are satisfied. Tracking and combating vaccine misinformation is a complex challenge, made more difficult by the lack of common definitions about what constitutes misinformation, and the reality that guidance from scientific and health experts has evolved and will continue to evolve throughout the pandemic. That's why we're continuing to work with external experts and governments to make sure that we are approaching these issues in the right way and making adjustments if necessary. In the meantime, we will continue doing our part to show people reliable information about COVID-19 vaccines from health experts and help people get vaccinated.

Get [Outlook for iOS](#)

From: Carrie Adams <carrieadams@fb.com>

Sent: Wednesday, August 18, 2021 1:17 PM

To: Flaherty, Robert EOP/WHO

Cc: Brian Rice

Subject: Disinfo Dozen Post

Hi Rob,

Flagging this post for your on our findings regarding the [Disinfo Dozen](#)—let us know if you have any questions, as always.

CA

Carrie E. Adams

facebook, inc. | politics & government

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Exhibit

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**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF LOUISIANA
MONROE DIVISION**

STATE OF MISSOURI ET AL

CASE NO. 3:22-CV-01213

VERSUS

JUDGE TERRY A. DOUGHTY

JOSEPH R BIDEN JR ET AL

MAG. JUDGE KAYLA D. MCCLUSKY

**MEMORANDUM ORDER
REGARDING WITNESS DEPOSITIONS**

This Court granted [Doc. No. 34] Plaintiffs’ Motion for Expedited Preliminary Injunction-Related Discovery [Doc. No. 17] and set an expedited discovery schedule. The discovery schedule required the parties to meet and confer in good faith regarding any deposition requests. The parties were required to file a joint statement as to their position on depositions if they could not come to an agreement. The parties have done so and have submitted the pending Joint Statement Regarding Witness Depositions [Doc. No. 86]. This ruling addresses the witness depositions.

I. BACKGROUND

On May 5, 2022, Plaintiffs¹ filed a Complaint² against Defendants.³ In the Complaint and Amended Complaint,⁴ Plaintiffs allege Defendants have colluded with and/or coerced social media companies to suppress disfavored speakers, viewpoints, and content on social media platforms by labeling the content “dis-information,” “mis-information,” and “mal-information.” Plaintiffs

¹ Plaintiffs consist of the State of Missouri, the State of Louisiana, Dr. Aaron Kheriaty, Dr. Martin Kulldorff, Jim Hoft, Dr. Jayanta Bhattacharya, and Jill Hines.

² [Doc. No. 1]

³ Defendants consist of President Joseph R. Biden, Jr., Vivek H. Murthy, Xavier Becerra, Department of Health and Human Services, Dr. Anthony Fauci, National Institute of Allergy and Infectious Diseases, Centers for Disease Control & Prevention, Alejandro Mayorkas, Department of Homeland Security, Jen Easterly, Cybersecurity & Infrastructure Security Agency, and Nina Jankowicz, Karine Jean-Pierre, Carol Y. Crawford, Jennifer Shopkorn, U.S. Census Bureau, U. S. Department of Commerce, Robert Silvers, Samantha Vinograd and Gina McCarthy.

⁴ [Doc. No. 45]

allege the suppression of disfavored speakers, viewpoints, and contents constitutes government action and violates Plaintiffs’ freedom of speech in violation of the First Amendment to the United States Constitution. In the Complaint⁵ and Amended Complaint⁶ Plaintiffs set forth examples of suppression of free speech which include: 1) the Hunter Biden laptop story prior to the 2020 Presidential election; 2) speech about the lab leak theory of COVID-19’s origin; 3) speech about the efficiency of masks and COVID-19 lockdowns; 4) speech about election integrity and the security of voting by mail; 5) censorship and suppression of speech by Plaintiffs Dr. Jayanta Bhattacharya and Dr. Aaron Kheriaty, co-authors of the Great Barrington Declaration; 6) censorship and suppression of Jim Hoft, owner of The Gateway Pundit, on social-media platforms; and 7) censorship and suppression of Jill Hines, co-director of Health Freedom Louisiana and Reopen Louisiana on social-media platforms.

Plaintiffs move for the following government officials to be deposed as a part of their limited preliminary injunction discovery. These are:

(1) NIAID Director and White House Chief Medical Advisor Dr. Anthony Fauci, (2) Deputy Assistant to the President and Director of White House Digital Strategy Rob Flaherty, (3) former White House Senior COVID-19 Advisory Andrew Slavitt, (4) former White House Press Secretary Jennifer Psaki, (5) FBI Supervisory Special Agent Elvis Chan, (6) CISA Director Jen Easterly, (7) CISA official Lauren Protentis, (8) Surgeon General Vivek Murthy, (9) CDC Chief of the Digital Media Branch Carol Crawford, and (10) Acting Coordinator of the State Department’s Global Engagement Center Daniel Kimmage.

Defendants oppose Plaintiffs’ deposing of all of them.

⁵ [Doc. No. 1]

⁶ [Doc. No. 45]

II. APPLICABLE LAW

Expedited discovery is not the norm. Courts only allow it in limited circumstances. *Wilson v. Samson Contour Energy E&P, LLC*, 2014 WL 2949457 at 2 (W.D. La. 2014). In the prior ruling,⁷ which granted in part and denied in part Plaintiffs’ request for expedited discovery, the Court employed a “good cause” analysis, which took into consideration such factors as the breadth of discovery requests, the purpose for requesting expedited discovery, the burden on the defendants to comply with the requests, and how far in advance of the typical discovery process the request was made. *GHX Industrial, LLC v. Servco Hose and Supply, LLC*, 2020 WL 1492920 (W.D. La. Feb. 5, 2020).

In addressing the necessity of depositions, the Court previously stated, “whether depositions will be taken will be addressed later.”⁸ The party seeking expedited discovery has the burden of establishing that “the scope of the requests” is narrowly tailored to the necessary information sought.⁹ The Court must also consider the “burden on the defendants to comply with the requests.”¹⁰

Top executive department officials should not, absent extraordinary circumstances, be called to testify regarding the reasons for taking official actions. *In re Office of Inspector Gen. R.R. Ret. Bd.*, 933 F.2d 276, 278 (5th Cir. 1991). Compelling the testimony of high-ranking government officials is justified only in “extraordinary instances.” *Vill. Of Arlington Heights v. Metro. Hous. Dev. Corp.* 429 U.S. 252, 268 (1977). This requirement is commonly referred to as the “apex doctrine.” *United States v. Newman*, 531 F. Supp. 3d 181, 188 (D.D.C. 2021).

⁷ [Doc. No. 72]

⁸ [Doc. No. 34 at 12]

⁹ [Id., p. 2]

¹⁰ [Id., p. 1]

The “extraordinary circumstances” limitation on the compelled testimony of high-ranking officials is necessary because such orders raise separation of powers concerns. *In re United States (Jackson)*, 624 F.3d 1368, 1372 (11th Cir. 2010). Additionally, requiring high-ranking officials to appear for depositions also threatens to “disrupt the functioning of the Executive Branch.” *In re Cheney*, 544 F.3d 311, 314 (D.C. Cir. 2008). High-level executives and government officials need some measure of protection from the courts because they are vulnerable to numerous, repetitive, harassing, and abusive depositions. *Asberry v. Sch. Bd. Of Pasco Cnty. Fla.*, 2019 WL 12383128 at 1 (M.D. Fla. Aug. 20, 2019). The general rule prohibiting depositions of high-ranking government officials also applies to former high-ranking officials. *In re United States (Bernanke)*, 542 F. App’x 944, 949 (Fed. Cir. 2013).

As a preliminary requirement for an “exceptional circumstances” analysis, the proponent of the deposition must show “that the official has first-hand knowledge related to the claims being litigated that is unobtainable from other sources.” *In re Bryant*, 745 F. App’x 215, 218 n 2. (5th Cir. 2018). After the “first-hand knowledge” threshold is crossed in determining whether exceptional circumstances exist to warrant a deposition, a court must consider (1) the high-ranking status of the deponents; (2) the potential burden that the depositions would impose on them; and (3) the substantive reasons for taking the depositions. *Bryant*, 745 F. App’x at 220.

A. Defendants’ Opposition to Depositions

Defendants have objected to Plaintiffs’ request to depose all ten government officials. Mainly, Defendants’ objections are that Plaintiffs have not met their heavy burden of demonstrating that depositions are warranted at this stage because: (1) some of the officials sought to be deposed were not named in the Original Complaint and are outside of the Court-authorized expedited discovery; (2) Plaintiffs’ have not demonstrated the “exceptional circumstances”

required for the depositions of high ranking officials; and (3) former officials could not be taken during the thirty-day time period due to the requirements in FED. R. CIV. P. 45.

Each proposed deponent must be examined to determine whether exceptional circumstances exist. Additionally, in its prior Ruling,¹¹ the Court did not allow additional interrogatories to Defendants added in the Amended Complaint¹² because of the compressed expedited discovery schedule. However, the Court did not intend to prohibit depositions of newly added Defendants, because they can be taken within the expedited discovery schedule.

As it relates to former government officials (i.e., Andrew Slavitt and Jennifer Psaki), FED. R. CIV. P. 45 does not prohibit depositions to be conducted within thirty days. Despite Defendants' threat to file a Motion to Quash the subpoenas, the Court finds that FRCP 45 requirements do not prohibit depositions being taken in a timely manner. Any depositions authorized by this Court of former government officials will have already taken into consideration the burden of the deponent. In the event that these depositions exceed the thirty-day restraint set out in FRCP 45, an extension may be warranted.

Defendants have essentially adopted the same arguments they made in their opposition to Plaintiffs conducting any form of discovery as it related to the preliminary injunction motion. While the Court agrees that obtaining the depositions of high-ranking officials such as the ones requested here is an exceptional circumstance, it will analyze each person that the Plaintiffs requested under the factors laid out in *Bryant*.

B. Plaintiffs' Arguments

Plaintiffs argue that the depositions of the ten aforementioned officials are necessary for the following reasons.

¹¹ [Doc. No. 72]

¹² [Doc. No. 45]

1. Dr. Anthony Fauci—NIAID Director and White House Chief Medical Advisor

Dr. Anthony Fauci (“Dr. Fauci”), who is a Defendant in this case, is the Director of the National Institute of Allergy and Infectious Diseases (NIAID) and Chief Medical Advisor to the President. Plaintiffs move to depose Dr. Fauci for substantial reasons. The Court will discuss them all.

First, Plaintiffs claim that Dr. Fauci is directly involved with multiple social media censorship campaigns against COVID-19 misinformation. Plaintiffs argue that “speech backed by great scientific credibility and with enormous potential nationwide impact” that contradicted Dr. Fauci’s views was censored on social media, and it was most likely censored because of the insistence of Dr. Fauci.

The first example of this is Dr. Fauci’s efforts to discredit any theory that COVID-19 was the result of a “lab leak.” Plaintiffs assert that “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.” Which in turn meant that if there were truth behind the lab-leak theory, “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.” In late January and early February 2020, information on the lab-leak theory began to become spread to the public. Soon thereafter, Dr. Fauci participated in a conference call with scientists and science-funding authorities, which may or may not have been about discrediting the lab-leak theory. Plaintiff States assert that “After the conference call, influential individuals signed public statements that were placed in science journals in an attempt to discredit the lab-leak theory.” During this time, Plaintiff States also urge that Dr. Fauci engaged in written and oral

communications with Mark Zuckerberg about the Government's COVID-19 response, and allegedly widespread social-media censorship of the lab-leak hypothesis ensued.

Plaintiffs further this argument by pointing out the publicly available emails between Drs. Fauci and Collins regarding their efforts to discredit the lab-leak theory, which Plaintiffs assert led to the censorship of the theory online. These emails indicate that Dr. Fauci and Dr. Collins were both aware of certain scientists' concerns that SARS-CoV-2 looked bioengineered. However, those same scientists authored a paper for Nature Medicine that discredited the lab-leak theory despite that three days earlier on February 1, they had advocated the theory to Dr. Fauci. That paper was also sent to Dr. Fauci for approval.

Plaintiffs allege that Dr. Fauci and Mark Zuckerberg commenced a course of friendly oral communications about the Government's COVID-19 response. Plaintiff States wish to ascertain the contents of these communications in depositions.

On April 16, 2020, Dr. Collins emailed Dr. Fauci a link to a Bret Baier article about the lab-leak theory, expressing concerns over whether "NIH" can help to take down the "very destructive conspiracy" that seems to be growing momentum. He further stated that he hoped the Nature Medicine article "would settle this" and asked what more "we" could do about it. One day after this email, which Plaintiff States argue clearly shows Dr. Collins requesting Dr. Fauci to use more public pressure to stop the theory from circulating, Dr. Fauci cited the Nature Medicine article while speaking from a podium at the White House.¹³

Plaintiffs next cite to Dr. Fauci and Dr. Collins communications regarding the Great Barrington Declaration, a scientific critique of the effects of prolonged lockdowns as a response

¹³ This was one among many public statements Dr. Fauci made about the illegitimacy of the lab-leak theory.

to COVID-19 co-authored by Dr. Jay Bhattacharya and Dr. Martin Kulldorff, Plaintiffs in this case. Dr. Collins’ email regarding the publication read:

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.¹⁴

In response, Dr. Fauci began making a series of public statements that were highly critical of the Great Barrington Declaration, describing it as “total nonsense” and “ridiculous.”¹⁵ “[T]he censorship of the Great Barrington Declaration and Plaintiffs Bhattacharya and Kulldorff [occurred] just after a senior HHS official called for a ‘quick and devastating ... take-down’ of the Declaration” to Dr. Fauci.¹⁶

Plaintiffs next assert that Dr. Fauci was involved in Twitter’s permanent suspension of the vaccine critic Alex Berenson (“Berenson”). Berenson’s tweets consisted of science-based objections to the vaccinations of young, healthy persons, which became a target for Biden-Administration’s censors. Plaintiff States argue that “Alex Berenson disclosed internal Twitter communications revealing that senior ‘WH’ officials including Andrew Slavitt specifically pressured Twitter to de-platform Berenson, an influential vaccine critic—which Twitter did.”¹⁷ Dr. Fauci publicly described Berenson’s opinions on vaccines as “horrifying.” President Biden followed Dr. Fauci’s steps and made a statement that “They’re killing people” by not censoring vaccine “misinformation,” to which Twitter subsequently permanently suspended Berenson from

¹⁴ [Doc. No. 45-3, ¶ 14].

¹⁵ See, e.g., Jessie Hellmann, Fauci Blasts Herd Immunity Proposal Embraced by White House as ‘Total Nonsense,’ THE HILL (Oct. 15, 2020), at <https://thehill.com/policy/healthcare/521220-fauci-blasts-herd-immunity-proposal-embraced-by-white-house-as-total/>.

¹⁶ [Doc. No. 84, ¶ 480].

¹⁷ [Doc. No. 84, ¶ 345].

its platform.¹⁸ On October 13, 2022, Berenson posted on Substack Twitter emails indicating that a board member of Pfizer pressured Twitter to de-platform Berenson.¹⁹ In the emails, the Pfizer executive allegedly claimed that Berenson’s speech should be censored because it posed a threat to the safety of Dr. Fauci. Which Plaintiffs argue creates an inference that there was collusion between White House official Andrew Slavitt and the Pfizer executive on this very point.

Government Defendants have submitted to Plaintiffs interrogatory responses on behalf of Dr. Fauci, asserting that he has had no direct communications with any social-media platforms regarding censorship.²⁰ Plaintiffs argue in turn that they should not be required to simply accept those blanket statements as they were submitted, and they argue three reasons why Dr. Fauci should be questioned under oath.

First, Plaintiffs assert that Dr. Fauci has refused to verify under oath his own interrogatory responses in violation of this Court’s Order. The NIAID’s responses were instead verified by Dr. Jill Harper, who was not named in the Complaint. Accordingly, Dr. Fauci has made no statements under oath regarding his communications with social-media platforms, which violates this Court’s Order regarding the discovery that instructed Dr. Fauci to provide interrogatory responses.²¹ The Court sees the importance of having Dr. Fauci make statements under oath as it relates to the issues of this matter.

Next, Plaintiffs argue that even if Dr. Fauci can prove he never communicated with social-media platforms about censorship, there are compelling reasons that suggest Dr. Fauci has acted through intermediaries, and acted on behalf of others, in procuring the social-media censorship of credible scientific opinions. Plaintiffs argue that even if Dr. Fauci acted indirectly or as an

¹⁸ [Doc. No. 84, ¶ 347].

¹⁹ See <https://alexberenson.substack.com/p/pfizer-board-member-scott-gottlieb>

²⁰ [Doc. No. 86-3, p. 24, 57].

²¹ [Doc. No. 72, pp. 67].

intermediary on behalf of others, it is still relevant to Plaintiffs' preliminary injunction motion. The Court agrees.

Lastly, Plaintiffs argue that Dr. Fauci's credibility has been in question on matters related to supposed COVID-19 "misinformation" since 2020. Specifically, Plaintiffs state that Dr. Fauci has made public statements on the efficacy of masks, the percentage of the population needed for herd immunity, NIAID's funding of "gain-of-function" virus research in Wuhan, the lab-leak theory, and more. Plaintiffs urge that his comments on these important issues are relevant to the matter at hand and are further reasons why Dr. Fauci should be deposed. Plaintiffs assert that they should not be required to simply accept Dr. Fauci's "self-serving blanket denials" that were issued from someone other than himself at face value. The Court agrees.

After reviewing the Plaintiffs and the Defendants' arguments, the Court finds that Plaintiffs have proven that Dr. Fauci has personal knowledge about the issue concerning censorship across social media as it related to COVID-19 and ancillary issues of COVID-19. The Court has considered that Dr. Fauci is a high-ranking official, especially as he is the Director of the National Institute of Allergy and Infectious Diseases and Chief Medical Advisor to the President. The Court sees the only potential burden imposed on Dr. Fauci as a result of him being deposed is that of his time. However, the Court acknowledges that any person who is being deposed must sacrifice their time, and it does not see any burden imposed on Dr. Fauci that outweighs the Court's need for the information in order to make the most informative decision on the pending Motion for Preliminary Injunction filed by Plaintiffs. Finally, the Court is aware of a number of substantive reasons why Dr. Fauci's deposition should be taken. The first is the publicly available emails that prove that Dr. Fauci was communicating and acting as an intermediary for others in order to censor information from being shared across multiple social-media outlets. The second is that Dr. Fauci

has yet to give any statements under oath in this matter. The third is that the Court has no doubt that Dr. Fauci was engaging in communications with high-ranking social-media officials, which is extremely relevant in the matter at hand. Additionally, the crux of this case is the fundamental right of free speech. Any burden that may be imposed on Dr. Fauci is wholly outweighed by the importance of Plaintiffs’ allegations of suppression of free speech. Accordingly, the Court finds that Plaintiffs have satisfied their burden of proving why a deposition of Dr. Anthony Fauci is necessary in this case, and exceptional circumstance are present. Accordingly, **IT IS ORDERED** that Dr. Anthony Fauci cooperate in the Plaintiffs’ request to depose him for purposes of their preliminary injunction discovery.

2. Rob Flaherty—White House Director of Digital Strategy

Plaintiffs move to depose Rob Flaherty (“Flaherty”), who is the Director of Digital Strategy for the White House. Plaintiffs describe him as a “key official in the White House’s pressure campaign on social-media companies to increase COVID-19 censorship and social-media companies’ policies and responses to COVID-19 vaccine claims.”²² Flaherty is said to have had “extensive” oral meetings with social-media platforms, including Twitter, Meta and YouTube on vaccine hesitancy and combatting misinformation.

Plaintiffs allege that Flaherty consistently communicates with Meta’s director of U.S. Public Policy through “Covid Insight Reports,” which detail trends/posts by social-media users taken by Meta. Further, Plaintiffs allege that he has held meetings about Meta’s platform to address misinformation and to curb vaccine hesitancy. Meta allegedly contacts Flaherty when Covid-19 vaccines are authorized for new groups of people, and they report on Meta’s intentions to censor disfavored opinions about vaccine effectiveness for those new groups, all allegedly at the White

²² [Doc. No. 86-5].

House’s urging.²³ Plaintiffs argue that Flaherty has specific knowledge and information on Meta’s attempts to censor the “Disinformation Dozen.”²⁴ Further, Plaintiffs assert that Flaherty has led efforts for the White House to force Meta to explain “how big the [misinformation] problem is, what solutions you’re implementing, and how effective they’ve been.”²⁶ Further, Flaherty supposedly “pressured Meta by sending them an article about misinformation on Facebook with a subject line ‘not sure what to say anymore.’” Flaherty also allegedly knows about the Biden Transition Team’s efforts with Meta.²⁷ Defendants’ interrogatory responses detailed that Flaherty participated in virtual meetings with social-media platforms, which Plaintiffs assert were about censorship.²⁸

Plaintiffs maintain that deposing Flaherty is essential to this case as it would provide critical information on the White House’s pressure campaign to social-media platforms against the “Disinformation Dozen” and other COVID-19 “misinformation” issues, especially as it relates to their leaning on social media companies after press reports were released regarding vaccines, and the White House’s involvement over content-modulation policies instilled in Meta and Twitter in their efforts to remove “the most harmful COVID-19 misinformation.”²⁹

The Court finds that Plaintiffs have proven that Flaherty has personal knowledge about the issue concerning censorship across social media as it related to COVID-19 and ancillary issues of COVID-19. The Court has considered that Flaherty is a high-ranking official, especially as he serves as Director of Digital Strategy for the White House. Any burden imposed upon Flaherty is

²³ [Id. at 7268-89; 7250].

²⁴ Supposedly, there are a dozen accounts across social-media that spread the mass of “misinformation” on COVID-19. Government officials have taken to calling these accounts the “Disinformation Dozen”.

²⁵ [Id. at 7322].

²⁶ [Id. at 7258–59; see also id. at 16279].

²⁷ [Id. at 16364, 16276].

²⁸ [Doc. No. 86-3, at 31].

²⁹ [Doc. No. 86-5, p. 7248-49, 16275].

outweighed by the need for Plaintiffs to determine whether the fundamental right of free speech has been abridged. Extraordinary circumstances are present to depose this high-ranking official. The substantive reasons for taking Flaherty's depositions are set out herein, and the Court finds the substantive reasons are overwhelming. For reasons further set out herein, Plaintiffs are allowed to depose either Rob Flaherty or Andrew Slavitt. Shall Plaintiffs notify Defendants of their intent to depose Rob Flaherty, **IT IS ORDERED** that Rob Flaherty cooperate with Plaintiffs' request to depose him.

3. Andrew Slavitt—White House Senior COVID-19 Advisor

Defendant Andrew Slavitt ("Slavitt") served as the White House's Senior COVID-19 Advisor. Slavitt allegedly "led the charge" for the White House in its campaign with social-media companies to increase the censorship of private speech as it related to COVID-19 through meetings and oral conversations with representatives of multiple social-media platforms. Plaintiffs assert that in Defendants' own documentary discovery, it is revealed that Slavitt received "Facebook bi-weekly covid content reports" from a senior Facebook executive in order for Slavitt to "oversee" Facebook's censorship.³⁰ Plaintiffs also argue that Slavitt specifically pressured Twitter to deplatform Alex Berenson. This was supposedly done in an oral meeting, so there is no official record of it.³¹

On April 21, 2022, a meeting invitation was sent to Slavitt, which stated:

White House Staff will be briefed by Twitter on vaccine [misinformation] Twitter to cover trends seen generally around vaccine misinformation, the tangible effects seen from recent policy changes, what interventions are currently being implemented in addition to previous policy changes, and ways the White House (and our COVID experts) can partner in product work.³²

³⁰ [Doc. No. 84, ¶ 343].

³¹ [Doc. No. 84, ¶¶ 345-46.].

³² [Id. ¶ 345].

The next day, internal Twitter messages reflected that Slavitt had posed “one really tough question about why Alex Berenson hasn’t been kicked off the platform.”³³ Plaintiffs describe several other instances where Slavitt engaged in email exchanges with social-media executives that describe censorship of the platforms and the actions the platforms are taking to expand censorship for language they deemed to be “harmful.”³⁴ One email in particular read:

[O]n March 2, 2021, Meta sent an email assuring Slavitt, Flaherty, and Humphrey that the company is “[c]ombating vaccine misinformation and de-amplifying content that could contribute to vaccine hesitancy” by “improving the effectiveness of our existing enforcement systems (particularly focusing on entities that repeatedly post vaccine misinformation), mitigating viral content that could lead to vaccine hesitancy[.]”³⁵

Plaintiffs maintain that Twitter and Meta’s Facebook have identified Slavitt as a senior federal official whom they communicated about their efforts to “stop” the spread of alleged “misinformation” regarding COVID-19. Plaintiffs go on to assert that the White House has also identified Slavitt and Flaherty as senior White House Officials who were involved in communications with social-media platforms. Plaintiffs argue these communications centered on censorship.

Plaintiffs also cite to a podcast that Slavitt participated in, wherein he stated, “my time in the White House where I was charged with pushing organizations like Facebook from spewing misinformation.”³⁶ Plaintiffs detail Slavitt’s statements made on the podcast, wherein he states that he was “pushing” for the company (i.e., social-media platforms) to be “more responsible” for the

³³ [Id. ¶ 346].

³⁴ [Id. ¶¶ 354, 369].

³⁵ [Id. ¶ 375.]

³⁶ Is COVID Misinformation Killing People?, Published Jul 21, 2021, at <https://omny.fm/shows/in-the-bubble/is-covid-misinformation-killing-people-with-facebo> (audio 5:40)

information that was being spread on the platforms. Plaintiffs move to depose Slavitt because of his role as a “self-professed principal enforcer for online censorship.”

The Court finds that Plaintiffs have proven that Andrew Slavitt has personal knowledge about the issue concerning censorship across social media as it related to COVID-19 and ancillary issues of COVID-19. The Court has considered that Slavitt is a former high-ranking official, especially as he served as the White House’s Senior COVID-19 Advisor. Any burden imposed upon Slavitt is outweighed by Plaintiffs’ allegations of suppression of free speech. Extraordinary circumstances are present. As the Court has stated, any person who is being deposed must sacrifice their time, and it does not see any burden imposed on Slavitt that outweighs the Court’s need for the information in order to make the most informative decision on the pending Motion for Preliminary Injunction filed by Plaintiffs. Lastly, the Court has determined that there are substantive reasons for taking the deposition. As stated above, Slavitt was the White House’s Senior COVID-19 Advisor. His role put him in a position that would grant him specific knowledge to the facts at issue. Slavitt’s own description of his role on a podcast that he went on showed he has specific knowledge as it relates to these issues. His communications, actions, and orders to and between social-media platforms will be necessary for this Court to make its ruling. Accordingly, as stated above, because Flaherty and Slavitt were both White House officials, in an effort to narrowly tailor this expedited discovery, Plaintiffs are allowed to take the deposition of either Flaherty or Slavitt, but not both. Should Plaintiffs notify Defendants of a desire to depose Andrew Slavitt, **IT IS ORDERED** that Slavitt cooperate as to Plaintiffs’ request to depose him.

4. Jennifer Psaki—Former White House Press Secretary

Jennifer Psaki (Psaki) is the former White House Press Secretary of President Biden. She is a Defendant in this case. Plaintiffs move to depose Psaki for a multitude of reasons. The most

pressing reason being that during her tenure as White House chief spokesperson, Psaki made a series of public statements that:

(1) attested to her personal knowledge of the participation of high-level White House officials in pressuring social-media platforms, and (2) reinforced the public threats of adverse legal consequences to social-media platforms if they do not increase censorship of views disfavored by federal officials. Thus, she both admitted to knowledge of pressure to censor from federal officials and directly engaged in such pressure herself, in a highly impactful and visible fashion.³⁷

Plaintiffs' Complaint details the statements Psaki made as they relate to these claims. For example, on May 5, 2021, Psaki stated at a White House press conference "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."³⁸ Psaki stated at another press conference on July 15, 2021, that she administration is in "regular touch" with social-media platforms and that the engagements happen between "members of our senior staff" and "members of our COVID-19 team."³⁹ Psaki also often spoke of the "Disinformation Dozen" and stated that:

All [12] of them remain active on Facebook, despite some even being banned on other platforms, including Facebook — ones that Facebook owns ... 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.⁴⁰

³⁷ [Doc. No. 86, p. 15].

³⁸ 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/>.

³⁹ [Doc. No. 86, p. 16].

⁴⁰ [Id.]

Psaki also called on social-media platforms for consistency in banning disfavored speakers, stating “You shouldn’t be banned from one platform and not others.”⁴¹

Plaintiffs further argue that along with these statements, Psaki also “demanded” “robust strategies” for social-media companies to enforce censorship of “harmful posts.” On April 25, 2022, Psaki also stated that President Biden was concerned about social-media platforms and thought they should be held accountable for the harms caused by the spread of “disinformation.” She maintained at this press briefing that certain officials within the White House and the Biden Administration maintained “regular” contact with social-media platforms.

Plaintiffs submitted interrogatories to Karine Jean-Pierre, who is Psaki’s successor as White House Press Secretary, and asked questions regarding the social-media censorship and Psaki’s knowledge of such. Defendants’ response to the interrogatories was that they lacked knowledge of the basis of her statements on those issues because Psaki no longer works at the White House. The only relevant responses Defendants supplied in the interrogatories were that Rob Flaherty and Andrew Slavitt were involved in communications with social-media platforms. Plaintiffs move to depose Psaki because they have obtained no statements from Psaki about what her “actual knowledge” of these issues is. Plaintiffs state that they should be allowed to depose her to explore the basis of the “critical statements” alleged in the Complaint and stated above.

The Court finds that Plaintiffs have proven that Jennifer Psaki has personal knowledge about the issue concerning censorship across social media as it related to COVID-19 and ancillary issues of COVID-19. The Court has considered that Psaki was a high-ranking official at the time that she made the statements at issue, especially as she served as the White House Press Secretary.

⁴¹ 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/>.

However, this rank does not mitigate the relevance and the need of her deposition as it relates to this case. Any burden on Psaki is outweighed by the need to determine whether free speech has been suppressed. Lastly, the Court has determined that there are substantive reasons for taking the deposition. Extraordinary circumstances are present. As stated above, Psaki has made a number of statements that are relevant to the Government’s involvement in a number of social-media platforms’ efforts to censor its users across the board for sharing information related to COVID-19. Accordingly, **IT IS ORDERED** that Jennifer Psaki cooperate in the Plaintiffs’ request to depose her for purposes of their preliminary injunction discovery.

5. Elvis Chan—FBI Supervisory Special Agent

Plaintiffs move to depose Elvis Chan (“Chan”), a named Defendant in this case and the FBI Supervisory Special Agent of Squad CY-1 in the San Francisco Division of the FBI.⁴² Plaintiffs argue that Chan has “authority over cybersecurity issues for FBI in that geographical region, which includes the headquarters of major social-media platforms, and he plays a critical role for FBI in coordinating with social-media platforms relating to censorship and suppression of speech on their platforms.”⁴³ Plaintiffs move to depose Chan because they assert he plays a central role in the federal government’s suppression of social-media censorship.

In support of this argument, Plaintiffs cite to a podcast where Mark Zuckerberg stated that communications from the FBI led to Facebook censoring stories of the Hunter Biden Laptop.⁴⁴ Plaintiffs maintain that in response to their third-party subpoena, Meta’s counsel identified Chan as the FBI agent who communicated with Facebook to suppress that story. Plaintiffs move to depose Chan because the Government has not provided documentary discovery with respect to

⁴² [Doc. No. 84, ¶ 61].

⁴³ [Id.]

⁴⁴ [Doc. No. 86, p. 19].

Chan and because Chan has personal knowledge. They claim that his testimony is relevant and necessary to their preliminary injunction discovery motion.

The Court finds that Plaintiffs have established that Elvis Chan has personal knowledge about the issue concerning censorship across social media as it related to COVID-19 and ancillary issues of COVID-19. The Court has considered that Chan was a high-ranking official, especially as he served as the FBI Supervisory Special Agent. However, this rank does not mitigate the relevance and the need of his deposition as it relates to this case. Any burden imposed on Chan by being deposed is outweighed by the need to determine whether the First Amendment right of free speech has been suppressed. There are no burdens imposed on Chan outweighing the Court’s need for the information in order to make the most informed decision on the pending Motion for Preliminary Injunction filed by Plaintiffs. Extraordinary circumstances are present here. Lastly, the Court has determined that there are substantive reasons for taking the deposition. As stated above, Chan was identified as the FBI Agent who communicated with Facebook to suppress a story about the Hunter Biden laptop. If he did this, the Court ultimately finds there are reasons to believe that he has interfered in other ways, too. Accordingly, **IT IS ORDERED** that Elvis Chan cooperate in the Plaintiffs’ request to depose him for purposes of their preliminary injunction discovery.

6. Jen Easterly—CISA Director

Plaintiffs move to depose Jen Easterly (“Easterly”), the Director of CISA within the Department of Homeland Security, because she supervises the “nerve center” of federally directed censorship. Plaintiffs describe the CISA’s central role as “directly flagging misinformation to social-media companies for censorship.” Plaintiffs also assert that Easterly “claim[s] that social-media speech” by Americans “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 ... ‘the most critical infrastructure is a cognitive infrastructure.’”⁴⁵

Plaintiffs also cite to Easterly’s text messages between Easterly and Matt Masterson, a former CISA agent who now works for a social-media platform.⁴⁶ Allegedly, these texts center around Easterly and Masterson discussing a “Disinformation Governance Board.” The conversations ultimately describe how Easterly seeks greater censorship and that this would be done by federal pressure on social media platforms to increase censorship.

Plaintiffs move to depose Easterly for two reasons. First, they say that her role in the CISA as the director oversees the “nerve center” of the federal government’s efforts to censor social-media users. They say that her text messages show that she has unique knowledge about the scope and nature of communications between CISA, DHS, and other federal officials. Second, Plaintiffs assert that in their response to interrogatories, CISA disclosed extensive oral communications and meetings between CISA officials and social-media platforms. No officials were actually identified by the CISA, but Plaintiffs believe that because of her role, Easterly would have detailed knowledge of what the CISA is disclosing. Plaintiffs state that her deposition would be their only chance of obtaining this information prior to addressing the preliminary injunction.

The Court finds that Easterly is a high-ranking official that has personal knowledge of relevant facts. Any burden imposed on Easterly is outweighed by the need to determine whether the First Amendment right of free speech was suppressed. Exceptional circumstances exist here. The substantive reasons for deposing Easterly are set forth herein. Because Easterly and Lauren Protentis both work for CISA, to narrowly tailor the relief sought, Plaintiffs are allowed to depose

⁴⁵ [Doc. No. 86, citing Doc. No. 84, ¶¶ 290-293, 301, 302, 291].

⁴⁶ [Doc. No. 71-5, p. 2-4].

either Easterly or Lauren Protentis, but not both. Should Plaintiffs notify Defendants of a desire to depose Jean Easterly, **IT IS ORDERED** that she cooperate with Plaintiffs’ request to depose her.

7. Lauren Protentis⁴⁷—CISA “Mis- Dis- and Mal-Information Team” Member

Plaintiffs move to depose Protentis because of her membership of the CISA Mis- Dis- and Mal-Information Team (“MDM Team”), whose mission is allegedly a federally induced censorship of social-media speech. The documentary discovery provided that Protentis was involved in the MDM Team and engaged in oral communications with executives of social-media platforms. Plaintiffs allege these communications were about censorship. Plaintiffs assert that Protentis is a “leader” and “expert” in the MDM Team’s efforts to bridge a gap between the federal government and social-media companies to create a line of control over the censorship of social media.⁴⁸ Plaintiffs also argue that her contacts with these companies are so “pervasive,” that oftentimes “very senior officials” in other departments ask her to introduce them to “points of contact.”⁴⁹

Plaintiffs ultimately conclude that Protentis serves as a vital connection between CISA and social-media platforms in the government’s censorship efforts, has special knowledge in the election-security space, and provides briefings to the governments of foreign countries on how to interact with social-media companies. They assert that Protentis’ testimony will establish context of the meetings, extent of CISA’s election security efforts, tools that the government uses on social-media platforms, and efforts to influence election officials and encourage them to use social-media companies to censor voters ahead of the 2022 election.

⁴⁷ Defendants indicated that Protentis is on maternity leave, but they did not indicate when she would be returning.

⁴⁸ These include Twitter, Google, Microsoft, and Meta.

⁴⁹ [Doc. No. 86-6].

The Court finds that Plaintiffs have established that Protentis has personal knowledge about the issue concerning censorship across social media as it related to COVID-19 and ancillary issues of COVID-19. The Court has considered that Protentis is a high-ranking official because of her role as a MDM Team Member. The potential burden imposed on Protentis is outweighed by the need to determine whether First Amendment rights of free speech have been suppressed. Exceptional circumstances exist here. The Court finds that there are substantive reasons for taking Protentis' deposition. As stated above, Protentis served a vastly important role between the federal government and the social-media companies. Based on the description above, she served as a connection between these two conglomerates. This is relevant to the issues presented by Plaintiffs in their motion, and her deposition is important to the Court to make an informed determination. Because Easterly and Protentis both work for CISA, to narrowly tailor the relief sought, Plaintiffs are allowed to depose either Easterly or Lauren Protentis, but not both. Should Plaintiffs notify Defendants of a desire to depose Lauren Protentis, **IT IS ORDERED** that she cooperate with Plaintiffs' request to depose her.

8. Vivek Murthy—Surgeon General

Plaintiffs next move to depose Surgeon General Dr. Vivek Murthy ("Dr. Murthy") for his public campaign to censor individuals who spread "misinformation" about COVID-19. [Doc. No. 84]. Plaintiffs state that Dr. Murthy has also publicly criticized "tech companies" by asserting that they are responsible for COVID-19 deaths due to their failure to censor "misinformation." Plaintiffs also allege that Dr. Murthy issued a Request for Information (RFI) on March 2, 2022, requesting tech platforms to provide him with information about "misinformation," including the identities of those supposedly spreading it on their sites.⁵⁰ Plaintiffs assert that this, along with Dr.

⁵⁰ [Doc. No. 84, ¶¶ 243-46].

Murthy’s other statements, as well as those of President Joseph Biden and Jen Psaki, this RFI “was an intimidation tactic, designed to frighten the tech companies into compliance with his demand to escalate censorship of certain viewpoints on Covid-19 for fear of reprisal in the form of regulation or other legal consequences.”⁵¹

Plaintiffs urge that Dr. Murthy also engages in communications with high-level Facebook executives about the “demand” for greater censorship of COVID-19 “misinformation.” Plaintiffs state that they obtained this information through texts and emails through discovery. These establish that Dr. Murthy was engaged in these communications and was even sent “reports” to obtain Dr. Murthy’s opinions on censorship.

Plaintiffs move to depose Dr. Murthy because of his direct, routine contact with the senior Meta executive, and at least one phone call with him. He is the only individual in government privy to these conversations, and thus the only person who can therefore answer questions about the nature and degree of the conversations and clarify whether additional conversations on the topic were held over the phone or in virtual or in-person meetings.

The Court finds that Plaintiffs have established that Dr. Murthy has personal knowledge about the issue concerning censorship across social media as it related to COVID-19 and ancillary issues of COVID-19. The Court has considered that Dr. Murthy is a high-ranking official as he serves as Surgeon General. However, this rank does not mitigate the relevance and the need of his deposition as it relates to this case. Further, his actions went beyond the scope of this rank, and the Court finds that those actions must be addressed through a deposition. The potential burden imposed on Dr. Murthy is outweighed by the need to determine whether First Amendment rights of free speech have been suppressed. Exceptional circumstances are present. The Court finds that

⁵¹ [Id. ¶ 243].

there are substantive reasons for taking the deposition. As stated above, Dr. Murthy made public statements about how the media companies’ failure to censor its users related in COVID-19 deaths. These statements are extremely substantive to the nature of this suit. Accordingly, **IT IS ORDERED** that Dr. Vivek Murthy cooperate in the Plaintiffs’ request to depose him for purposes of their preliminary injunction discovery.

9. Carol Y. Crawford—CDC’s Chief of the Digital Media Branch

Plaintiffs move to depose Defendant Carol Crawford (“Crawford”), the Chief of the Digital Media Branch of the Division of Public Affairs within CDC, because she is allegedly among the government employees most involved in censoring “misinformation” about COVID-19. Plaintiffs state that she participated in emails with employees at Twitter, Meta, and Google/YouTube. Further, they state that she organized “Be on the Lookout” (“BOLO”) meetings, which were essentially meetings that attempted to “quell the spread of misinformation” in 2021.⁵² Plaintiffs claim that during these meetings, Crawford flagged certain social-media posts, provided examples of types of posts to censor, and urged the participants not to share the information exchanged in the BOLO meetings. She also worked with the Census Bureau in an effort to identify certain social-media users who were allegedly spreading misinformation about the vaccine. Emails from March of 2021 indicate that a meeting between the CDC (including Ms. Crawford), Census, and Google was held to discuss “COVID vaccine mis-info.”⁵³

Plaintiffs claim that Crawford’s communications show that the CDC, the Census Bureau, and other government agencies collaborated with Facebook to censor speech on the platform. Plaintiffs claim that she has been involved in the “censorship enterprise” from the beginning of

⁵² [Doc. No. 84].

⁵³ [Doc. No. 86-10].

the pandemic. Plaintiffs detail this by pointing out two phone calls Crawford engaged in with a Facebook employee.⁵⁴

Plaintiffs move to depose Crawford because they claim that her email exchanges demonstrate that she played a key role in directing censorship on social-media platforms. Plaintiffs also suggest that her references to the role of the Census Bureau suggest that she would be able to shed light on that agency's role in efforts to flag "misinformation" the previous year, a topic about which little is known.

The Court finds that Plaintiffs have established that Crawford has personal knowledge about the issue concerning censorship across social media as it related to COVID-19 and ancillary issues of COVID-19. The Court has considered that Crawford is a high-ranking official because of her role as the CDC's Chief of the Digital Media Branch. This role, though, is vastly important to the issues at hand, and her rank does not mitigate the relevance and the need of her deposition as it relates to this case. The potential burden imposed on Crawford is outweighed by the need to determine whether First Amendment rights of free speech have been suppressed. Exceptional circumstances exist here. The Court finds that there are substantive reasons for taking the deposition. As stated above, Crawford organized meetings and engaged in a number of communications with social-media officials, and the contents of those meetings and communications are highly important for the issues presented by this case. Accordingly, **IT IS ORDERED** that Carol Crawford cooperate in the Plaintiffs' request to depose her for purposes of their preliminary injunction discovery.

⁵⁴ [Doc. No. 86-10].

10. Daniel Kimmage—State Department’s Global Engagement Center Coordinator

Plaintiffs move to depose Daniel Kimmage (“Kimmage”), the Acting Coordinator for the Global Engagement Center (“GEC”) at the State Department, because he allegedly works closely with Easterly and CISA to coordinate social-media censorship of speech on election-related issues and election integrity. Plaintiffs allege that in response to third-party subpoena, Twitter identified Kimmage as communicating with it about censorship and content modulation.⁵⁵ Allegedly, the purpose of the GEC is to facilitate coordination between the government and the tech sector to combat disinformation. Plaintiffs claim that the GEC works closely with the CISA on issues of censorship.

Plaintiffs claim that Kimmage’s GEC collaborated with CISA in 2020 and 2022 to create and fund an alliance of third-party nonprofits called the “Election Integrity Partnership,” which supposedly pushed for social-media censorship of free speech about elections in 2020 and continues to do so today in 2022.⁵⁶

These are not the only CISA-GEC election-related censorship activities. Documents produced by LinkedIn demonstrate that Samaruddin K. Stewart, acting on behalf of Kimmage’s Global Engagement Center in the State Department, organized repeated face-to-face meetings with LinkedIn and other social-media platforms to discuss censorship.⁵⁷ The nature and content of communications at these oral meetings about disinformation between Kimmage’s representatives and social-media platforms has not been disclosed. Plaintiffs assert that the Defendants have provided no documentary discovery about Kimmage’s GEC and its central role in federal

⁵⁵ [Doc. No. 84, ¶ 396].

⁵⁶ [Id. ¶ 401].

⁵⁷ [Doc. No. 84, ¶¶ 422-424].

censorship activities on election-related speech. They claim that Kimmage's deposition is crucial for this reason.

The Court finds that Plaintiffs have established that Kimmage has personal knowledge about the issue concerning censorship across social media as it related to COVID-19 and ancillary issues of COVID-19. The Court has considered that Kimmage is a high-ranking official because of his role as the Acting Coordinator for the Global Engagement Center at the State Department. This role, though, is vastly important to the issues at hand, and his rank does not mitigate the relevance and the need of his deposition as it relates to this case. The potential burden imposed on Kimmage is outweighed by the need to determine whether First Amendment rights of free speech have been suppressed. Exceptional circumstances exist here. The Court finds that there are substantive reasons for taking the deposition, as stated above. Accordingly, **IT IS ORDERED** that Daniel Kimmage cooperate in the Plaintiffs' request to depose him for purposes of their preliminary injunction discovery.

III. CONCLUSION

For the reasons set forth herein,

IT IS ORDERED that to the extent that Plaintiffs move to depose the following parties, the request is **GRANTED**: NIAID Director and White House Chief Medical Advisor Dr. Anthony Fauci; Deputy Assistant to the President and Director of White House Digital Strategy Rob Flaherty **OR** former White House Senior COVID-19 Advisory Andrew Slavitt; former White House Press Secretary Jennifer Psaki; FBI Supervisory Special Agent Elvis Chan; CISA Director Jen Easterly **OR** CISA official Lauren Protentis; Surgeon General Vivek Murthy; CDC Chief of the Digital Media Branch Carol Crawford; and Acting Coordinator of the State Department's Global Engagement Center Daniel Kimmage.

Exhibit

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Reporter:
20 Maureen S. Kreimer, CCR-B-1379, CRR

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25			

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9 Services

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13

14 Legal videographer: Jason Silling, Lexitas Legal
15

16 - - -
17

18
19 (Pursuant to Article 10(B) of the Rules and
20 Regulations of the Georgia Board of Court Reporting,
21 disclosure was presented to all counsel present at
22 the proceeding and a written copy is attached
23 hereto.)
24
25

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1 THE VIDEOGRAPHER: We are on the record.

2 Today's date is November 15, 2022. The time is

3 9:24. This is the video-recorded deposition of

4 Carol Crawford in the matter of the State of

5 Missouri versus Joseph R. Biden in the U.S. District

6 Court for the Western District of Louisiana.

7 This deposition is being held at the CDC.

8 The reporter's name is Maureen Kreimer. My name is

9 Jason Silling. I am the legal videographer. We are

10 with Lexitas Legal. Would the attorneys present

11 please introduce themselves and the parties they

12 represent.

13 MR. VECCHIONE: I am John Vecchione. I

14 represent the individual plaintiffs Jay

15 Bhattacharya, Aaron Kheriaty, and Jill Hines and

16 Martin Kulldorff.

17 MS. SNOW: My name is Kyla Snow. I'm with

18 the Department of Justice representing the

19 defendants in this case. And defendants reserve

20 their right to review, read, review and sign the

21 transcript.

22 MR. GILLIGAN: James Gilligan, also with

23 the Department of Justice representing the

24 defendants.

25 MR. KUMAR: Anant Kumar with the Office of

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1 General Counsel in HHS, and I also represent the
2 defendant. I represent the HHS defendants.

3 THE VIDEOGRAPHER: Would the court
4 reporter please swear in the witness.

5 CAROL CRAWFORD,
6 having been first duly sworn, was examined and
7 testified as follows:

8 REPORTER: You can begin, Counsel.

9 THE VIDEOGRAPHER: You may proceed.

10 EXAMINATION

11 BY MR. VECCHIONE:

12 Q. Good morning, Ms. Crawford. Have you ever
13 been deposed before?

14 A. No, I have not.

15 Q. All right. So I'm going to lay out some
16 ground rules. We have to -- the court reporter and
17 everything else can only pick up verbal cues. In
18 normal conversation, we nod our heads like you're
19 doing now and all that, but for the record we have
20 to say things out loud. And that also, to keep a
21 clear record, we have to try not to talk over each
22 other. And that's really something the lawyers, we
23 say to the lawyers, because they're the ones who
24 interrupt, not the witness. But keep that in mind.

25 If you don't -- I will be asking

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1 questions. If you don't understand the question,
2 you can ask me to rephrase, or say you don't
3 understand. Don't answer a question that you think
4 you don't understand. If during the course of this,
5 your counsel -- which of you is defending this one?
6 You're going to defend it?

7 MS. SNOW: Yes.

8 BY MR. VECCHIOINE:

9 Q. So your counsel will make objections.
10 Wait for the objections to fade, and then answer the
11 question unless I rephrase or something like that,
12 unless she instructs you not to answer.

13 Let's see. So do you agree with all that?
14 Do you understand the process?

15 A. I understand. Could you speak up a
16 little, though? It's hard for me to hear you.

17 Q. I can. You know what, I didn't turn on
18 this. I was dealing with the other mic that I have
19 on my tie.

20 A. Thank you.

21 Q. But in any event, so.

22 All right. Are you taking any
23 medications, or do you have any condition that would
24 impact your ability to testify truthfully today?

25 A. No.

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1 **Q. All right. For the record please state**
2 **your name.**

3 A. Carol Young Crawford.

4 **Q. And what's your current employment?**

5 A. I work for the CDC.

6 **Q. What's your title?**

7 A. I am the division director for the
8 division of Digital Media within the CDC Office of
9 the Associate Director for Communication, which we
10 call OADC.

11 **Q. Give me the term again. Office of?**

12 A. The Associate Director for Communication.

13 **Q. And what are your duties in that role?**

14 A. Our division provides leadership for CDC's
15 web presence. We provide leadership for CDC's
16 social media presence. We have -- we lead the
17 development operations of CDC's 800-number, which is
18 our Contact Center. We also provide graphics and
19 visual design services for the Agency.

20 **Q. And what do you do?**

21 A. I'm the director of that work. I
22 determine strategy, objectives, oversee work.

23 **Q. Do you have any -- well, why don't we**
24 **start. Go back a little bit.**

25 **Could you briefly outline your education**

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1 **and employment history up until now?**

2 A. Yes. I started work at CDC when I was 18.
3 So I have been here 34 years. I went to school -- I
4 have a bachelor's in business and a master's in
5 public administration, and I have been working at
6 CDC within digital communications, web, social
7 media, for really as long as those things existed at
8 CDC.

9 **Q. And where are your degrees from?**

10 A. University of -- the University of Georgia
11 for the master's, Georgia State for the bachelor.

12 **Q. Okay. So have you always been at CDC here**
13 **in Atlanta?**

14 A. Yes.

15 **Q. Did you have any back- -- do you have any**
16 **background in medicine, sciences, or epidemiology?**

17 A. No.

18 **Q. And is there anything else about the role**
19 **of the division of Public Affairs' place within CDC**
20 **that you haven't told me? Is there anything --**

21 A. Can you repeat?

22 **Q. Yeah. You have told me a little bit about**
23 **what the division of Public Affairs does, I believe,**
24 **or was that only what OADC does?**

25 A. I was referring to the division of Digital

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1 Media.

2 Q. Okay.

3 A. Which was created in April of 2022. Or
4 maybe March 2022. Sorry.

5 Q. On or about, as we say.

6 A. Yes.

7 Q. Now -- well, let's go back to that, the
8 division. The division of Public Affairs, you're
9 within that at the CDC?

10 A. There is no division of Public Affairs in
11 OADC any longer.

12 Q. What happened there?

13 A. The reorganization of OADC occurred in
14 March or April of 2022, and there's -- that division
15 does not exist anymore.

16 Q. Prior to this changeover what did that
17 division do?

18 A. The division had three branches. The
19 division -- I mean, the branch of Digital Media,
20 where I was, the branch for News Media, and a branch
21 for Employee Communications.

22 Q. And then what did the reorganization do
23 with each of those three? Where did they go?

24 A. The -- well, Digital Media became the
25 division of Digital Media, and parts from other

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1 divisions came to join the work that we were already
2 doing such as the Contact Center, and the Graphics,
3 and that was new to my organization. The News Media
4 group is now a branch in the division of News Media,
5 I believe. I'm sorry.

6 **Q. That's your understanding?**

7 A. Yes. And then they have a Broadcast group
8 with them. And the Employee Communication group is
9 now an office in the OD of the OADC. That was the
10 other component of the Public Affairs group that you
11 asked about.

12 **Q. Okay. So the Digital Media branch now --**
13 **so I understand. I'm not sure I got all that. Who**
14 **did that before? Was that only in the Digital Media**
15 **section of the three you've told me, or was there**
16 **overlap?**

17 A. Well, there is no Digital Media branch
18 now.

19 **Q. Okay.**

20 A. There is now a division of Digital Media.

21 **Q. Okay.**

22 A. You may have to reask the second part of
23 your question.

24 **Q. Okay. Now it's the division of Digital**
25 **Media. Who had that -- what was the name of the**

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1 **organization that had that role before April of**
2 **March of 2022?**

3 A. I was the branch chief of the Digital
4 Media Branch within the Division of Public Affairs,
5 and most of the roles that our division currently
6 performs, web and social media, were in that branch.

7 **Q. Thank you. Did anyone else have overlap**
8 **before?**

9 A. No.

10 **Q. All right. So what is the current duty of**
11 **the Division of Digital Media?**

12 A. The current?

13 **Q. Duties?**

14 A. Of the division of Digital Media? We
15 provide leadership for CDC's website. We provide
16 leadership for CDC's social media efforts. We
17 provide graphic support for the entire agency, and
18 we manage the 800-number, the Contact Center.

19 **Q. Okay. And what's -- what is leadership;**
20 **when you use that word, what do you mean?**

21 A. We, for web, for example, we convene a web
22 council with people across CDC to manage the
23 governance of the website. We manage the web
24 content management system. We draft policies and
25 guidelines around it.

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1 Q. In your current role since April or March
2 of 2022 --

3 A. Mm-hmm (affirmative).

4 Q. -- have you had any contact with major
5 technology companies such as Twitter, Facebook,
6 LinkedIn, Microsoft or Google?

7 A. Yes.

8 Q. In your previous role before the
9 reorganization, did you have such contacts?

10 A. Yes.

11 Q. Generally what type of contacts are those
12 when you started them?

13 A. We started regular contact with the groups
14 at the beginning of the COVID outbreak to exchange
15 information about COVID, and most of the contact
16 since then has been around COVID or other
17 high-priority things, but mostly COVID.

18 Q. Okay. Let's get some timeline down. Is
19 the beginning of COVID, would you think, February or
20 March of 2019?

21 A. 2020.

22 Q. 2020. Excuse me.

23 A. Yes.

24 Q. Okay. For our purposes. All right.

25 A. Mm-hmm (affirmative).

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1 **Q. So before that, social media had been**
2 **around for a while, I mean, but did -- you didn't**
3 **have contact with them before COVID?**

4 A. I had periodic occasional contact with the
5 platforms, depending on maybe they would reach out
6 to CDC for something, or we would be trying to reach
7 out to them for assistance with something. I didn't
8 have regular meetings. They were -- they were very
9 occasional.

10 **Q. All right. COVID hits, let's say, early**
11 **spring of 2020.**

12 A. Mm-hmm (affirmative).

13 **Q. How did you instigate contact with these**
14 **systems? Generally, I'm speaking. I know there may**
15 **be some differences, but generally how did you**
16 **initially instigate contacts with them?**

17 A. I don't recall who initiated contact.

18 **Q. Does that mean you don't know who within**
19 **CDC, or does that mean you don't know if they called**
20 **you?**

21 A. I don't recall if they called us first, or
22 we called them first. It could have differed also
23 depending on the platform.

24 **Q. From media company to media company?**

25 A. There was a lot going on at that time, so.

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1 **Q. Do you have a present recollection of when**
2 **you first spoke to any media platform about COVID,**
3 **or email, when I say -- had communications with?**

4 A. I believe, my recollection is, is that we
5 started talking to some of them in February and
6 March of 2020.

7 **Q. And what was the nature of the**
8 **discussions?**

9 A. My memory of our first interactions were
10 around getting out CDC-credible information. For
11 instance, I know Facebook was looking at making it
12 easier to find COVID information from the CDC and
13 WHO on a platform, and they wanted to use our public
14 domain content and they were similar in
15 conversations with platforms.

16 **Q. Got it. And did you take the initiative**
17 **in these meetings, or did someone direct you to go**
18 **do these meetings, or contacts?**

19 A. I would say I took initiative on the
20 meetings. But there were a lot of people asking
21 staff, or other staff, are we -- were we in contact
22 with the groups, and do we have any arrangements.

23 **Q. In your current role who do you report to?**

24 A. In my current role I report to the
25 director of OADC, which is Kevin Griffis.

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1 **Q. And who did you report to prior to the**
2 **reorganization? That a good word.**

3 A. Yes.

4 **Q. Can I call it a "reorg"?**

5 A. Yes, you can.

6 **Q. Prior to the reorg, who did you report**
7 **to?**

8 A. I reported to the division director for
9 the division of Public Affairs, who was Michelle
10 Bonds.

11 **Q. All right. So during the beginning of the**
12 **pandemic your direct report would be Michelle Barnes**
13 **[sic]?**

14 A. I was her direct report.

15 **Q. Yes, that's what I meant.**

16 A. Yes.

17 **Q. You would directly report to her?**

18 A. Mm-hmm (affirmative).

19 **Q. All right. So do you recall her talking**
20 **to you about what to do with the social media**
21 **companies early on?**

22 A. I don't believe we discussed it.

23 **Q. And why don't you believe that?**

24 A. It was an extremely busy time, and it was
25 within the scope of work I would normally handle.

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1 **Q. All right. Let's look at the early spring**
2 **of 2020. What were the types of contacts you had**
3 **with the social media companies? And I'm going to**
4 **go through some, and you tell me if you had them.**

5 **Electronic email, or other communications**
6 **that are electronic?**

7 A. Yes.

8 **Q. Telephonic?**

9 A. Yes.

10 **Q. And in person?**

11 A. No.

12 **Q. Okay. Who did -- if they're telephonic,**
13 **who were you speaking to? I have a hard time**
14 **getting any of these people on the phone. How did**
15 **you get -- who did you telephonically speak to at**
16 **any of these social media companies?**

17 A. I had points of contact at several of
18 them, and we would have meetings when we needed to
19 talk. So we arranged calls.

20 **Q. Do you recall any particular points of**
21 **contact?**

22 A. Yes.

23 **Q. Who are they?**

24 A. At Facebook my primary point of contact
25 was Payton Iheme. I-H-E-M-E. At Google my two

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1 points of contact were Jan Antonaros, and -- forgive
2 me. I'm blanking on this.

3 Q. We'll be looking at emails. If you see
4 the name, will you --

5 A. Yes, mm-hmm.

6 Q. Who else?

7 A. A contact we had at Twitter was Todd
8 O'Brien [sic], though I spoke to him very rarely.
9 We had other contacts at Twitter, but I don't know
10 their names too. I don't recall the names of other
11 platforms. I didn't talk to them as regularly.

12 (Plaintiffs' Exhibit 1 marked.)

13 BY MR. VECCHIONE:

14 Q. Okay. Can you take a look at Exhibit 1.
15 If counsel would hand it to her, please.

16 And have you seen this document before?

17 A. Yes, I think I did.

18 Q. So this is the Notice of Video Deposition
19 to be here today; right?

20 A. Yes.

21 Q. You're here pursuant to this notice?

22 A. Yes.

23 Q. All right. And I'll just make one
24 correction. We're not at Building 21. We're in
25 Building 19?

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1 A. That's correct.

2 **Q. All right. Thank you. You can put that**
3 **aside.**

4 MR. VECCHIONE: I'm going to hand to
5 counsel a packet of Exhibit 2, if I might. And if
6 you could give -- and if you could give the witness
7 an original, and there are two for your purposes.

8 (Pleadiffs' Exhibit 2 marked.)

9 BY MR. VECCHIONE:

10 **Q. I'll give you a moment to read through it.**
11 **Do you recognize this?**

12 A. Yes.

13 **Q. All right. What is it?**

14 A. An email chain with Facebook around COVID.

15 **Q. Yeah. Early February 2020?**

16 A. Yes.

17 **Q. Let's get -- just so we can get onto the**
18 **same page, the way this email chain works is the**
19 **oldest part is in the back; right? And then it**
20 **reads up.**

21 A. Yes.

22 **Q. And let's go to the back. In the first**
23 **part of the chain, as far as I can see, it says from**
24 **Carol Y. Crawford?**

25 A. Yes.

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1 **Q. All right. And there is a -- there is an**
2 **email there. Well, could you read that for me, your**
3 **email?**

4 **A. "Payton, just looping you in on**
5 **something."**

6 **Q. Oh. No, no, no. I mean, I want to get**
7 **the email down. I think it's C -- because of**
8 **your -- I think it's [REDACTED]@CDC.gov?**

9 **A. Mm-hmm (affirmative).**

10 **Q. Am I correct about that?**

11 **A. That's mine, yes.**

12 **Q. Okay. And is that the only email,**
13 **government email, you used over this whole period,**
14 **or is there a different one?**

15 **A. There is a -- it's the same email box, but**
16 **there is also [REDACTED]@CDC.gov. It's like an alias**
17 **for [REDACTED]@CDC.gov. It's the same box.**

18 **Q. They all go to the same place?**

19 **A. Yes.**

20 **Q. It's just how the computer reads it, or?**

21 **A. It's just an easier email address for**
22 **someone to give people --**

23 **Q. Quicker to write?**

24 **A. -- than [REDACTED].**

25 **Q. Do you have any other government --**

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1 A. No.

2 Q. And how about have you contacted any of
3 the social media companies with a personal email?

4 A. Never.

5 Q. Okay. So and then this is -- I believe
6 this is a fellow we identified earlier; right?

7 Who's Payton Iheme?

8 A. Yes.

9 Q. And if I see [REDACTED]@fb.com, that's your
10 understanding that's Payton Iheme --

11 A. Yes.

12 Q. -- that's his email? And then it says cc
13 [REDACTED], and then there is an [REDACTED] Facebook [sic]
14 [REDACTED]@CDC.gov". Who is that?

15 A. Jay Dempsey worked -- works now and within
16 my branch as the social media lead, and he reported
17 to me.

18 Q. Okay. And his [REDACTED] has nothing to do with
19 Facebook as in Payton's email; right --

20 A. No.

21 Q. -- it's just a coincidence?

22 A. It's his user ID, yes.

23 Q. All right. Thank you. And what was his
24 role?

25 A. He was the social media lead within my

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1 branch.

2 **Q. Okay. And what do you state here in this**
3 **email to Payton?**

4 A. (As read) Just looping you in on something
5 Jay and I had awareness of. Are you in the loop
6 with this.

7 **Q. All right. And what is this? What have**
8 **you attached here?**

9 A. I don't remember this part of the chain at
10 all, but it appears to be a note from Facebook to
11 someone at the State Department outlining some
12 Facebook work on COVID.

13 **Q. And let's get some terms down here. The**
14 **reason you believe that, is that just from your**
15 **memory, or is that because it's Shelley Thakral --**
16 **it's from them to a person in the State Department?**

17 A. I don't know any of the names on the
18 email.

19 **Q. Okay.**

20 A. I read this. This is the first thing I
21 read when you handed --

22 **Q. Yeah.**

23 A. -- me the document.

24 **Q. Got it.**

25 A. I started at the back.

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1 **Q. So I'm just trying to be clear. You don't**
2 **have a present recollection of what this is --**

3 **A. No.**

4 **Q. -- what you just told me you got because**
5 **that's what it says; right?**

6 **A. No. I don't remember that part of the**
7 **chain, no. No.**

8 **Q. And were you asking Mr. Iheme whether he**
9 **knew about this, or was he responsible for it?**
10 **Which what does it mean "in the loop about it"?**

11 **A. As a note, Payton is female.**

12 **Q. Okay.**

13 **A. I mean, I'm reading what I wrote: Just**
14 **looping you on something Jay and I had awareness on.**
15 **Are you in the loop with this?**

16 **That's all I know. It's what I typed.**

17 **Q. You don't have any other understanding**
18 **than that?**

19 **A. No.**

20 **Q. All right. Let's move to the next part of**
21 **the chain.**

22 **(REPORTER'S NOTE: Mr. Sauer enters**
23 **deposition.)**

24 **BY MR. VECCHIONE:**

25 **Q. I see it's from Payton, from Ms. Iheme, to**

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1 **you and cc'ing Dempsey; right?**

2 A. Yes.

3 **Q. And he's responding to your request about**
4 **the loop. What does he say there?**

5 A. At 3:35 for Payton is what you're asking
6 me?

7 **Q. Yes, I am. Thank you.**

8 A. Okay. (As read) Let me know if you're --
9 you would like to speak to our teams working on
10 these items.

11 Do you want me to read the whole email?

12 **Q. Yes, please.**

13 A. Okay. (As read) Our teams at Facebook
14 have been working to identify how we can support
15 efforts to provide users with accurate and timely
16 information about coronavirus. We would like to get
17 CDC's feedback on a few key initiatives that we are
18 considering launching in the coming days, weeks. I
19 have outlined the specifics below, and would greatly
20 appreciate your thoughts on the tactics and proposed
21 design/content. We would be happy to jump on a
22 quick call today or tomorrow if that would be easier
23 as well."

24 **Q. All right. That's great. That's -- okay.**
25 **And then he has a bunch of proposals, like three**

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1 **proposals; correct?**

2 A. Yes.

3 **Q. All right. And you respond to him the**
4 **next day?**

5 A. Yes.

6 **Q. All right. And you say "sorry for the**
7 **delay."**

8 **Were you in the habit of responding to him**
9 **faster than less than 24 hours on these matters at**
10 **that point in time?**

11 A. Payton is female.

12 **Q. Yeah, I heard. Thank you.**

13 A. It's okay.

14 **Q. You know what Payton I'm thinking of?**

15 A. No.

16 **Q. The football player.**

17 A. Oh, sorry.

18 I don't know. At this time I believe we
19 were working a lot of hours, and a few hours seemed
20 like a long time. I don't think I -- I don't think
21 Payton and I had known each other via email very
22 long at this point, so I can't speculate on how
23 quick I normally email her.

24 **Q. Okay. And you say in here in item one:**
25 **As well, if can rotate messages, there might be**

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1 **times we might want to address widespread myths like**
2 **mask use or new issues.**

3 **At this time what was the myth of mask**
4 **use?**

5 A. My general memory of mask use was that
6 there was confusion about whether people should wear
7 masks or not.

8 **Q. And what was CDC's view at that time?**

9 A. I really can't speak to our
10 recommendations. I probably don't have the specific
11 recall of the timelines.

12 **Q. Okay. And then your next sentence: "This**
13 **could and should replace flu shot messaging."**

14 **And was that messaging that the platforms**
15 **were already doing about flu prior to COVID?**

16 A. This was one of the occasional
17 interactions that I recall having with Facebook.
18 They had -- I believe -- I believe they approached
19 CDC about flu messaging that prior flu season, and
20 we had had a few phone calls with them and our flu
21 division. And my recollection is that we provided
22 them with some public domain content for them to
23 highlight.

24 **Q. Okay. And then the next one is you're**
25 **still trying to get this phone call together. And**

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1 **eventually you get a phone call together; right?**

2 A. It looks like it from this chain, yes.

3 **Q. Okay. Can you tell us who was on that**
4 **call besides Payton and you?**

5 A. I don't recall the specific calls from
6 that time period.

7 **Q. Okay. And do you know what was said on**
8 **the call at all, what you discussed?**

9 A. On that specific call, I do not.

10 **Q. Do you have any notes, calendars, or other**
11 **records what was said on the call?**

12 A. I don't believe -- I mean, the calendar
13 appointment's probably in my Outlook. I don't
14 recall us taking notes, much notes, from any of the
15 meetings. Occasional followup items. But I don't
16 know if we took any for this. If we did, it would
17 have been in my email, or my record, the electronic
18 records.

19 MR. VECCHIONE: All right. Mr. Sauer has
20 joined us. Can we take a five-minute break while I
21 put things in order? And I will give you the next
22 exhibit.

23 MS. SNOW: Okay.

24 THE VIDEOGRAPHER: We are off record at
25 9:57.

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1 (Recess 9:57 a.m. - 10:09 a.m.)

2 THE VIDEOGRAPHER: We are back on the
3 record at 10:09.

4 MS. SNOW: If I could just --

5 MR. VECCHIONE: Go ahead.

6 MS. SNOW: Defendants just wanted to note
7 that at the request of plaintiffs' counsel we've
8 forwarded a Zoom link with a call-in number for
9 counsel, for plaintiffs' counsel, who could not be
10 here at the deposition to listen in. And with the
11 agreement of the parties, the Zoom link will not be
12 shared with others beyond the three plaintiffs'
13 counsel who are listening in and the Zoom, the
14 deposition will not be recorded using the phone, the
15 call-in number.

16 MR. VECCHIONE: Remotely by them. Just by
17 him. (Indicating videographer.)

18 MS. SNOW: Yes, yes. Exactly, yes. Thank
19 you. And then we also just wanted to -- the witness
20 wanted to clarify a point during the last round of
21 questioning.

22 BY MR. VECCHIONE:

23 **Q. Go right ahead.**

24 A. In reviewing this email, it refreshed my
25 memory about roles.

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1 **Q. Are you looking at Exhibit 3 or 2, for my**
2 **purposes?**

3 A. 2.

4 **Q. Thank you.**

5 A. I recalled that during the time of these
6 emails, I was actually serving as the acting
7 director for the division of Public Affairs. I
8 served in that role for, I think, five or six
9 months.

10 **Q. Was that an add-on to your other duties,**
11 **or instead of, or like was it -- how did that come**
12 **about?**

13 A. Michelle Bonds had gone on a detail
14 somewhere else. I don't recall where. Sorry. But
15 I was still really -- especially when COVID hit, I
16 really started also focusing on digital in-depth.
17 So that's why I was still involved. I mean, digital
18 was still part of the division of Public Affairs, so
19 it was still part of my portfolio, but I had the
20 expertise on it, so.

21 **Q. All right. Thank you for that. And**
22 **during the day if there is any -- you have further**
23 **recollection as further documents get put in front**
24 **of you, feel free to interrupt me and tell me that.**

25 A. Okay.

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1 MR. VECCHIONE: Does the witness have
2 Exhibit 3 in front of her?

3 MS. SNOW: There you go.
4 (Plaintiffs' Exhibit 3 marked.)

5 MR. VECCHIONE: This is a short one. Take
6 a second to take a look at it.

7 BY MR. VECCHIONE:

8 Q. Do you recognize this document?

9 A. No.

10 Q. Can you tell me what the subject line is
11 of the first email on the chain?

12 A. Facebook COVID-19 Response Efforts.

13 Q. All right. And it's from Ms. Iheme that
14 we've spoken about before to you; correct?

15 A. Yes.

16 Q. And it says: "Apologies for the late
17 note," she says to you. I want to ensure you -- "I
18 want to ensure you are aware that Mark just shared
19 our ongoing work to support government."

20 Who's Mark?

21 A. I don't know for sure, but I'm assuming
22 this was Mark Zuckerberg.

23 Q. And she says to you: "Our goal is to help
24 organizations to get their safety message out to the
25 public, remove misinformation, and support overall

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1 **community efforts in areas where we can be of help;"**
2 **right?**

3 A. Yes.

4 Q. Now, the next thing I see is above that it
5 says on "March 5, 2020, at 8:55 a.m. Crawford, Carol
6 Y...wrote," is that an email, is that a reply email
7 from you to her?

8 A. Yes.

9 Q. You say there: "We want to do a very
10 controlled Q&A and would like to know our best
11 options."

12 What are you referring to there, what's
13 going on?

14 A. I believe this is in reference to a
15 Facebook Live event that we were trying to plan, and
16 it was going to be -- we expected it to be pretty
17 big, and we were asking for help in setting it up in
18 the best practices.

19 Q. Was that from a technological standpoint,
20 like, how it was going to work, or did you need
21 their input on information?

22 A. My memory is that it was mostly about how
23 it would work. We had not done many big Facebook
24 Lives before then, and we were worried about having,
25 like, thousands of Q&A that we couldn't possibly

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1 answer.

2 Q. All right. And the next thing you say
3 there is: "Our lead POC" -- is that point of
4 contact, when I see POC?

5 A. Yes.

6 Q. Is Kat Turner at [REDACTED] -- I'll say [REDACTED]?

7 A. [REDACTED].

8 Q. [REDACTED]@CDC.gov. So who is that?

9 A. Kat was a social media coordinator in one
10 of our centers that was willing to help manage this
11 effort.

12 Q. In the original email from Payton Theme
13 what was your understanding of why she was sending
14 you this information?

15 A. I don't recall the specific email, or --
16 there looks like there is a link -- or what it said,
17 or what it was about. But they would often forward
18 posts from their corporations for awareness for us.
19 So I assume that was probably what this was about.

20 Q. Okay. And then your final email on the
21 chain you send your -- that's your phone number at
22 work, I take it?

23 A. It's actually my personal cell that I use
24 as a what CDC calls "bring your own device."

25 Q. Got it.

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1 A. Yes, but it was the cell phone.

2 **Q. It's your cell number you use?**

3 A. Yes.

4 **Q. Did you message through that cell to any**
5 **of the social media companies?**

6 A. The only time I recall using my cell phone
7 to message anyone was like we're late for the
8 meeting, or the contact number didn't work or
9 something like that. We didn't have any kind of
10 conversations on texting.

11 **Q. Do you recall whether you spoke to Payton**
12 **Iheme at this time?**

13 A. No.

14 **Q. Now, this is -- from my understanding is**
15 **this call that you're referring at the top, your**
16 **last part, is that to arrange the Facebook meeting,**
17 **or is that the Facebook meeting, the Q&A?**

18 MS. SNOW: Objection. Vague.

19 BY MR. VECCHIONE:

20 **Q. Okay. So let me tell you -- the reason**
21 **it's vague is because I don't understand something.**

22 **Here's what I'm trying to understand from**
23 **information. Originally Ms. Iheme writes to you**
24 **about this information. And then you say you want a**
25 **controlled Q&A; right? On Facebook. And then**

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1 somehow you're going to -- you're going to arrange
2 that with them and Kat Turner.

3 And then you say I'll -- here's my number,
4 and Kat knows it, I have an appointment.

5 Did you have a conversation is what I'm
6 getting about besides the Facebook Q&A?

7 A. I don't know. But we talked pretty
8 regularly around this time, so I imagine we probably
9 did talk. But I don't know that for sure.

10 Q. All right. What was your understanding of
11 Ms. Theme's statement that the -- Facebook was going
12 to help organizations remove misinformation?

13 A. I don't recall a recollection of
14 discussing misinformation with Payton around this
15 time, so I can't speculate.

16 Q. You don't have a present recollection of
17 what that meant?

18 A. No.

19 Q. All right. And once again for this call
20 that you had, and maybe Kat Turner was on it, maybe
21 she wasn't, do you have any record of that call, or
22 what might have been said?

23 A. It doesn't look like this had an
24 appointment associated with it, so I don't think
25 there's an appointment, and I don't know -- I don't

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1 remember the call, so I don't recall if there were
2 notes. But I know in general very little notes were
3 kept.

4 **Q. Now, you said you don't recall many**
5 **conversations about removing misinformation at that**
6 **time. When do you recall such conversations?**

7 A. I remember it becoming occasionally
8 discussed in the fall of 2020 perhaps.

9 **Q. Okay. And what do you recall being**
10 **discussed at that time?**

11 A. I can recall us generally saying things to
12 the effect of -- I don't remember any specifics, but
13 misinformation is really growing, or, you know, what
14 do you think we could be doing to address it? That
15 kind of conversation.

16 **Q. All right.**

17 A. Very general.

18 (Plaintiffs' Exhibit 4 marked.)

19 BY MR. VECCHIONE:

20 **Q. Fair enough. Let's move on to Exhibit 4.**

21 A. Okay.

22 **Q. All right. And I'll give you a moment to**
23 **take a look at that.**

24 **All right. Have you had a chance to**
25 **review?**

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1 A. Yes.

2 Q. Do you recall this email?

3 A. No.

4 Q. All right. Well, let's talk about it and
5 who these people are because I think we have some
6 new folks.

7 So what's the subject line of the first,
8 the email there at the top?

9 A. CDC brief on ways to reach high-risk and
10 frequent travelers.

11 Q. All right. And what is the CDC brief?
12 What does that refer to?

13 A. I don't -- I don't recall what the brief
14 was.

15 Q. Okay. But as -- my question is a little
16 broader than that. We're lawyers.

17 A. Mm-hmm (affirmative).

18 Q. We write briefs all the time; right? They
19 are actually physical pieces of a paper that we put
20 forth our arguments for. Sometimes people use that
21 term as bullet points, or sometimes their positions,
22 even just orally stated.

23 What I'm trying to get at is what does
24 "brief" mean in this context?

25 A. To me, a brief probably was a one- or

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1 two-page summary of something that we, or they, were
2 trying to do.

3 **Q. Now, this email exchange I think occurred**
4 **sometime at the end of March 31st; is that correct?**

5 A. Yes.

6 **Q. All right. And it was between you and**
7 **Kevin Hatcher, and his email is [REDACTED]@fb.com?**

8 A. That's what the email says.

9 **Q. All right. Who is Kevin Hatcher?**

10 A. Oh. That says -- I don't have a clear
11 recollection. There was a lot going on during this
12 time beyond any of this work. But I think that
13 Kevin Hatcher might have been some type of
14 instructional designer with Facebook that I --
15 looking at the units and the Unit 1 and Unit 2,
16 there was an effort to put together like learning
17 modules that communities could use. I think that
18 that might have been what this was about, and that
19 that was Kevin's role.

20 **Q. All right.**

21 A. I cannot be sure, though.

22 **Q. All right. But from your understanding of**
23 **what this says --**

24 A. Mm-hmm (affirmative).

25 **Q. -- and how it worked, that is your best**

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1 understanding right now; whether it's right or wrong
2 that's what you understand?

3 A. Yes, I remember that activity, and this
4 seems to match that activity.

5 Q. All right. Then at the top you say:
6 "Kevin, I realized others made comments on the pdfs
7 after I sent you the previous one. So, this
8 answered your Q."

9 Is that question?

10 A. Yes.

11 Q. -- "on breathing. I hate to ask but can
12 your team check the other comments here? I
13 apologize."

14 What are the other comments?

15 A. I don't know what the other comments were.
16 But it appears to me that we sent to a group of
17 people the drafts, and CDC folks commented and I
18 forwarded it back.

19 Q. All right.

20 A. But I don't remember the comments.

21 Q. All right. Can you go to the end page of
22 this document?

23 A. Mm-hmm (affirmative).

24 Q. It says: "Recommend breaking this
25 sentence up as it's linking stress to severe illness

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1 in a way I we don't. If ARTF doesn't suggest an
2 edit, we can."

3 Do you know who ARTF is?

4 A. I don't. But I believe it's probably a
5 CDC task force. TF would be task force. I don't
6 know what AR is.

7 Q. Got it. Do you know what Mr. Hatcher was
8 referring to where it says: "Emergency warning
9 signs include difficulty breathing"? Do you know
10 what that was referring to?

11 A. I only know what I'm reading here.

12 Q. Right.

13 A. The unit that he was developing must have
14 had this wording, and he was asking for
15 clarification on what the wording should be.

16 Q. All right. And do you have an
17 understanding, or do you know, why Mr. Hatcher was
18 asking whether Facebook should add extreme before
19 emergency warning signs?

20 A. I have no recollection of it.

21 Q. Okay. Do you know why Mr. Hatcher asked
22 whether he should replace: Older people are at high
23 risk from severe illness from COVID to people over
24 65? Do you know if there was any messaging from CDC
25 at that time?

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1 A. I do not know.

2 **Q. All right. Do you know now sitting here**
3 **whether there is any preference by digital media at**
4 **CDC's digital output right now, for either of those**
5 **terms?**

6 A. I do not know because our office does not
7 write the content.

8 **Q. Okay. You can put that aside.**

9 A. Okay.

10 (Participants' Exhibit 5 marked.)

11 BY MR. VECCHIONE:

12 **Q. Take a minute, take a look at that.**

13 A. Okay.

14 **Q. You've got it?**

15 A. Mm-hmm (affirmative).

16 **Q. So I think we don't have any new players;**
17 **right? These are all the same people we talked**
18 **about before, you and Ms. Iheme and Mr. Hatcher.**

19 Can you tell me what the subject of this
20 email string was?

21 A. CDC brief on ways to reach high-risk and
22 frequent travelers.

23 **Q. Okay. And I think this is March 30th?**

24 A. 2020, yes.

25 **Q. And so I guess it's before the one I**

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1 **showed you that was March 31st, Exhibit 4?**

2 A. I don't have that exhibit, but I assume
3 that's correct.

4 **Q. Okay. We can compare it.**

5 Can you go to the very beginning of the
6 **string on this?**

7 A. Mm-hmm (affirmative).

8 **Q. There is a blacked out "from," and then it**
9 **says: "When: 3:30-4:30, Subject: CDC brief on**
10 **ways to reach high-risk and frequent travelers."**

11 Do you see that?

12 A. Yes.

13 **Q. What is that?**

14 A. It looks like an appointment for a phone
15 call.

16 **Q. Okay.**

17 A. But I'm not -- it's not fully there.

18 **Q. Yeah. Would Facebook be sending that to**
19 **you, or is that just at the bottom of his email? Do**
20 **you have any understanding of how it works?**

21 A. They have a different email system than we
22 have, but it looks similar to someone forwarding on
23 an appointment and using the chain as an email,
24 though I don't know that for sure.

25 **Q. Got it. And this starts at a March 27th**

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1 email from him to him -- or from her to herself and
2 you; correct?

3 A. Yes.

4 Q. And then there is a Margaret E. Silver.
5 Who is that?

6 A. She was with our Travelers Health group.
7 I believe that's where she was.

8 Q. And what was the Travelers Health group?

9 A. We have a unit at CDC that focuses on
10 traveler's health. There is a website on traveler's
11 health.

12 Q. And who's Caroline Seman?

13 A. I believe she was also with Travelers
14 Health.

15 Q. All right. And then I see Dempsey. Is
16 that the same Dempsey we saw before?

17 A. Yes, yes.

18 Q. Does that -- and then [REDACTED]?

19 A. That's still Jay Dempsey.

20 Q. Still Dempsey, it's just split; right?

21 A. Mm-hmm (affirmative).

22 Q. So Ms. Iheme says to you: "Hi, Carol and
23 team. As relayed on the call, we're happy to target
24 additional populations such as youth as the content
25 becomes available. Just let us know. For the first

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1 wave, we'd like to move forward with launching this
2 next week," I think it's "ideally April 3rd to the
3 groups for which you already produced content (older
4 adults, HIV plus, asthma and pregnant women)."

5 Do you know whether that's for travelers,
6 or just general populations?

7 A. That was for general populations.

8 Q. All right. And how do you know that?

9 A. I have some recollection of this project.

10 Q. Okay.

11 A. It was like units of information on COVID
12 that Facebook communities could attach to their
13 groups. And I'm not 100 percent sure about this,
14 but I think we asked about travel, and then they
15 mentioned the idea of this project and said if you
16 have content for -- that would help other groups, we
17 could do similar things.

18 Q. Okay. And then he then asks how you want
19 this to read on the Facebook's sites, whether
20 sourced from CDC, or authored by CDC?

21 A. Yes, I see that.

22 Q. Do you know what the answer was to that?

23 A. I don't recall which one we picked, but
24 I'm pretty sure it was one of the sources.

25 Q. Okay. Let's go up to the next, the March

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1 **27th, 3:01 p.m.**

2 A. Okay.

3 **Q. There is some more people here, I just**
4 **want to -- I don't know that we've seen. Well, we**
5 **have seen her. Okay. Never mind. You described**
6 **it.**

7 And then at the very top, March 30, he
8 **says they are going to have their content**
9 **strategists make the changes you'd agreed to that**
10 **day.**

11 A. That's what I'm reading as well.

12 **Q. Okay. Now, why was the CDC editing this**
13 **content?**

14 MS. SNOW: Objection. Mischaracterizes
15 testimony and the document.

16 BY MR. VECCHIONE:

17 **Q. Okay. You can answer.**

18 A. I don't have the attachments or the
19 documents, so I don't know what we were editing or
20 not editing. But we had content on the website, but
21 the format of the units was slightly different. So
22 we had to take the content from our website and have
23 it fit in the units.

24 **Q. Okay.**

25 A. And they requested CDC's review of that.

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1 **Q. All right. Do you know why in the part**
2 **where he says: "If we don't launch next week we'll**
3 **be pulled onto other COVID-19 projects, hence the**
4 **urgency," do you know why he's asking you about when**
5 **they should launch?**

6 A. I don't think he was asking me about when
7 we should launch. I think he's letting us know if
8 we don't launch they may not get to it.

9 **Q. All right. And do you know if those, if**
10 **he's referring to other COVID projects he has with**
11 **CDC, or just generally?**

12 A. I don't know for sure.

13 **Q. You can put that aside.**

14 A. Okay.

15 **Q. Just one more question about that. Is he**
16 **creating a Facebook page for CDC, or just for**
17 **Facebook, do you know?**

18 A. My recollection of what this project was,
19 it was like units that would exist in Facebook that
20 like if you're in a group on travel that the group
21 administrator could provide a link to these units if
22 people wanted additional COVID information. They
23 are not up any longer and my memory is vague on
24 them.

25 MR. VECCHIONE: Got it. Thank you.

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1 (Plaintiffs' Exhibit 6 marked.)

2 BY MR. VECCHIONE:

3 Q. Take a moment to look at this. This is
4 Exhibit 6. The mark may look like a 4, but I assure
5 you it's Exhibit 6.

6 All right. Do you recognize this
7 document?

8 A. No.

9 Q. But do you know what it is?

10 A. Yes.

11 Q. What is it?

12 A. It's a discussion about access to or for
13 Facebook giving us CrowdTangle COVID reports.

14 Q. All right. And let's talk about this a
15 little bit. We're more forward in time; right?
16 This is sometime in January 2021?

17 A. Correct.

18 Q. And I think both dates say January 26,
19 2021. Would you agree with me there?

20 A. Yes. Well no, the first one is
21 January 25th.

22 Q. All right. See, that's why we have
23 witnesses.

24 All right. The first thing is what's
25 CrowdTangle?

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1 A. I have not used CrowdTangle personally,
2 but I've seen it demonstrated. But it is to my --
3 my description of it is it's a social media
4 listening tool for Meta properties.

5 **Q. What are Meta properties?**

6 A. Like Instagram and Facebook.

7 **Q. Okay. So by Meta properties you mean**
8 **properties of the company Meta, not on some other**
9 **level of?**

10 A. No.

11 **Q. Okay.**

12 A. Their platforms.

13 **Q. Got it. Thank you.**

14 Let's look at that January 25th email,
15 because I think we have some new people here.

16 There is Payton Iheme, and you. It's from
17 her to you. And you cc Lauren Balog Wright at
18 Facebook. Do you know who that is?

19 A. I think that Lauren, just from reading
20 this, she was the person that was the CrowdTangle
21 expert and was going to provide the reports.

22 **Q. Okay. And Priya Gangolly?**

23 A. Priya Gangolly I interpreted to be like an
24 assistant to Payton.

25 **Q. And Kelly Perron?**

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1 A. And from this email I believe Kelly was
2 also going to provide the CrowdTangle reports.

3 **Q. And it says: Subject CrowdTangle COVID-19**
4 **reports for WHO.**

5 **Not to channel Abbott and Costello, but**
6 **who is that?**

7 A. World Health Organization.

8 **Q. And why were they asking you about**
9 **information to WHO?**

10 A. Well, I do have -- after reading this I do
11 recall the conversation a bit. But what they are
12 saying in this email is we provide this report to
13 WHO, and we can provide it to you as well.

14 **Q. Okay. What do you remember of the**
15 **conversation?**

16 A. Just that they -- I believe they mentioned
17 on a call that they could possibly do this, and this
18 is a followup email. And they shared the reports
19 and occasionally they would ask me on the call if
20 these reports were helpful.

21 **Q. And let's see what he says here, what she**
22 **says here. "Hi, Carol, I am following up on our**
23 **conversation several weeks ago about providing more**
24 **detailed reporting from our CrowdTangle team. I**
25 **wanted to share our first CrowdTangle COVID content**