



Addressing Vaccine Disinformation Targeting People of Color

Misinformation (unintentional false information being shared) and disinformation (*intentional* false claims) about the COVID-19 vaccines is linked to vaccine hesitancy. Strategic disinformation campaigns have specifically attempted to target people of color to further sow distrust in the vaccine. The purpose of this memo is to highlight examples of these campaigns and provide suggestions for addressing this misinformation.

A first step to identifying the disinformation tactics used to target racial and ethnic groups is understanding some of the strategies employed.

Anti-vaccine influencers use misleading information to build off of existing anxieties of people of color.

Anti-vaccine influencers targeting the Black community have attempted to frame COVID-19 vaccines as “Tuskegee 2.0,” linking the vaccine to previous medical misconduct targeting the Black participants. One prominent example includes Robert F. Kennedy Jr.’s documentary, *Medical Racism*, which suggested the vaccines are part of a larger “experiment” on Black communities. The original trailer for the film had [160K views in a few days](#). Concerns about the film stemmed from the inclusion of seemingly “legitimate” doctors and scholars interspersed with the misinformation. Other efforts have attempted to link the vaccine to lawsuits against [Johnson & Johnson for targeting talcum-based baby powder](#) to Black mothers, implying the vaccine is another example of wrongdoing towards the Black community by the

company. These efforts provide additional evidence that bad actors are exploiting legitimate concerns surrounding racism and public health to avoid the vaccine.

Linking disinformation to existing values has been used to further politicize the vaccine.

Many Spanish-language outlets peddle political misinformation **in addition** to medical information. Some examples of combined political and health misinformation include linking [COVID-19 restrictions to Nazi Germany and communism](#) and attempts to [divide the Latinx voting population](#). Misinformation about COVID-19 has been closely [tied with political efforts like #WalkAway](#) (encouraging Latinos not to vote). Other efforts include linking misinformation to [religion](#) (e.g., “The only cure you need is church.”).

Anti-vaccine influencers attempt to link doubts about the vaccine to trusted messengers.

Under the auspices of social justice advocacy, [questioning the legitimacy of the vaccine](#) is one tactic to undermine vaccine outreach. One campaign used the hashtag #askmewhy and memes with the unauthorized use of logos from prominent social justice organizations such as Black Lives Matter and the Human Rights Campaign to create distrust in COVID-19 vaccine, as revealed by [BlackWomenViews Twitter account](#). These posts were not real and not supported by these organizations.

Disinformation targeting the Black and Latino communities is difficult for fact-checking algorithms to identify.

Misinformation detection algorithms (often trained in English) are less reliable for other languages.

Facebook detects 70% of English-language misinformation, but [only 30% of Spanish-language misinformation](#). Facebook also does not offer content moderation resources in every language its platform is available in, leaving [major language blind spots](#). Translation software used to detect misinformation does not always

appropriately [translate Spanish-language misinformation](#) (e.g. explicit calls to violence) and platforms are also typically slower to apply labels and to remove content in Spanish than in English.

Cultural nuances can also make it challenging to flag disinformation on social media.

Beyond language-specific concerns, algorithms are sometimes [not privy to nuances, signals, and colloquial terms](#) used on social media that make it difficult to detect misinformation. Some communities (e.g. Spanish- and Chinese-speaking communities) rely more on closed messaging apps, like WhatsApp and WeChat, that are [difficult to monitor](#) and prominent sources like Doctores por la Verdad or Doctors for Truth that spread misinformation are [less likely to be flagged](#).

There are different strategies individuals can use to address misinformation online and offline.

When discussing misinformation with friends and family, empathize with their concerns and avoid shaming.

Misinformation can be shared unintentionally when family and friends are seeking resolutions to unknowns and are unaware of disinformation tactics listed above. To respond to this, “fact checking” to prove someone is wrong can be unproductive. Instead, listening to concerns, emphasizing how difficult it is to find information, and pointing them to credible sources are suggestions from the Office of the Surgeon General’s [health misinformation toolkit](#). Phrases such as “I’ve been confused too” and “It’s been hard to know who to trust” are more productive than sharing mocking memes or posts of those who are vaccine hesitant.

Avoid amplifying misinformation by undermining credibility instead of arguing facts.

Engaging with posts that contain misinformation can unintentionally lead to its spread. GQR recommends a modified “truth sandwich” for constructing proactive messages – so they start and end with truth, and discredit bad actors in the middle, to trigger critical thinking instead of arguing over specific claims. First, acknowledge shared concerns (e.g. “I was also nervous at first to get the vaccine.”). Second, undermine the messenger (e.g. “But I noticed that a lot of the sources sharing scary stories were also making this all about politics – I’d rather avoid sources with that agenda.”). Third, return to a positive, proactive message (e.g. “Sources I trust make it clear the vaccine is safe, and getting vaccinated made me feel good about protecting the vulnerable people in my life.”).

Counter microaggressions with micro-affirmations.

Some racially targeted misinformation about the vaccine has been used to amplify stereotypes (e.g., Asian communities). Disrupt biased remarks and counter microaggressions with microaffirmations. The National Association of Psychologists identifies “Microaffirmations [as] subtle acknowledgements to help individuals feel valued and included -- this can include acknowledging a microaggression may have occurred, supporting individuals when they tell you they have been targeted because of their Chinese or Asian heritage, and visibly confronting inequitable, hostile, or biased behavior” (see NASP’s full resource sheet [here](#)).

Use moderators to minimize trolling and produce constructive, accurate conversations on social media.

Allowing trolling and misinformation to go unchecked signals there are no consequences to spreading this dialogue. Using [moderators](#) to prioritize or “pin” civil and accurate discussions can help curb this behavior, alongside banning and deletion of content that doesn’t meet community guidelines.

Building resistance to misinformation helps reduce its impact.

Bring awareness to the different forms misinformation can take and cues to help spot it.

The Office of the Surgeon General's [health misinformation toolkit](#) overviews some of the most common forms of misinformation: Internet memes, websites designed to look like news organizations, altered quotations, data or graphs missing context, and old or edited images are some examples. Knowing the variety of ways misinformation can manifest helps to build a more discerning eye. UNICEF's [misinformation field guide](#) also provides some specific items to assess when evaluating information such as the identifying the original information source, date, location, and motivation.

By learning about strategies used to spread disinformation, we can help individuals become more resistant to misinformation.

[Inoculating or “pre-bunking”](#) is bringing awareness to the different motivations of bad actors to better identify instances of the disinformation strategies that are employed. The information above outlines just some of the specific strategies used to target people of color, specifically, but may not be exhaustive.

GQR provided valuable assistance in the compilation of this report.

Additional Resources

American Psychological Association (2021). Controlling the spread of misinformation. <https://www.apa.org/monitor/2021/03/controlling-misinformation>

Brookings (2017). *How to combat fake news and disinformation*. <https://www.brookings.edu/research/how-to-combat-fake-news-and-disinformation/>

FactCheck.org (2016). How to spot fake news. <https://www.factcheck.org/2016/11/how-to-spot-fake-news/>

First Draft News (2021). Covid-19 vaccine misinformation and narratives surrounding Black communities on social media.

<https://firstdraftnews.org/long-form-article/covid-19-vaccine-misinformation-black-communities/>

NPR (2019). Fake news: How to spot misinformation.

<https://www.npr.org/2019/10/29/774541010/fake-news-is-scary-heres-how-to-spot-misinformation>

Office of the Surgeon General. (2021). Health misinformation reports and publications (includes misinformation community toolkit, talking to your community infographic, and health misinformation checklist).

<https://www.hhs.gov/surgeongeneral/reports-and-publications/health-misinformation/index.html>

UNICEF. (2020). Vaccine misinformation management field guide.

<https://vaccinemisinformation.guide/>

The Verge (2019). How to fight lies, tricks and chaos online.

<https://www.theverge.com/21276897/fake-news-facebook-twitter-misinformation-lies-fact-check-how-to-internet-guide>