
From: [REDACTED]@fb.com
Sent: 5/10/2021 11:48:57 PM
To: Flaherty, Rob EOP/WHO [REDACTED]
Subject: Re: [EXTERNAL] FW: COVID Genomic Sequencing

Rob—sorry for the delay. Responding on your questions below. We'll also come back to you with more details on your question around demotions—will have better context for you in a day or so to better explain what's happening when we demote content but wanted to get as much as I had to you tonight. Additionally—tomorrow we're planning to some comms around our efforts around Covid—will send that in a separate message and will include Courtney as well.

We looked into why that post had so many views despite having so few comments and firstly, the original poster ("Dee Block") only allows friends or friends-of-friends to comment on their posts, or they've turned commenting off. The post, along with many memes on the site, was likely shared amongst people from within existing networks - i.e. from friends sharing with each other or people sharing in Groups.

You also raised some questions around groups. We have strong policies against false claims about COVID and vaccines that we enforce - and when a Page, Group, or account repeatedly violates these policies we enforce penalties against them, including removing entities that repeatedly break our rules from our platforms. On at least 11 separate occasions, individuals identified by the CCDH have had a presence on Facebook or Instagram permanently removed for violating our COVID-19 or vaccine misinformation policies.

Our automated detection uses a variety of signals to identify groups that might be dedicated to vaccine discouragement regardless of the group name, so we are reviewing groups with high volumes of this content that don't necessarily have vaccine or health specific topics in their name. We have taken down a number of entities with high follower count since the launch of this policy who are clearly dedicated to promoting borderline content - for example, we removed an IG profile called "Rise up Melbourne" with 11k followers, and a Facebook group called "Reopen Alabama" with 34k members.

We're working to get you the next Top 100 report by Friday and note your question about which of these we're promoting to try and include in this iteration.

more to come shortly.

From: Flaherty, Rob EOP/WHO [REDACTED]
Date: Friday, May 7, 2021 at 10:56 AM
To: [REDACTED]@fb.com>
Subject: RE: [EXTERNAL] FW: COVID Genomic Sequencing

Yep—knew about this one. Thanks for flagging.

From: [REDACTED]@fb.com>
Sent: Friday, May 7, 2021 10:41 AM
To: Flaherty, Rob EOP/WHO [REDACTED]
Subject: Re: [EXTERNAL] FW: COVID Genomic Sequencing

Hey—sorry for delay in response—working on getting something back to you today with answers to below. Also wanted to flag that we are talking to HHS this afternoon about the potential to build a text based vaccine finder bot on WhatsApp, similar to the one launched last week for SMS. This came through [REDACTED] straight to our WA team—wanted to make sure you had visibility.

From: Flaherty, Rob EOP/WHO [REDACTED]
Date: Thursday, May 6, 2021 at 2:17 PM
To: [REDACTED]@fb.com>
Subject: RE: [EXTERNAL] FW: COVID Genomic Sequencing

So I guess I have two questions here:

1. He references the “three” widest reach posts, of which I believe this is one:

<https://www.facebook.com/DeeBlock253/posts/3528944520539112><<

For one, it’s still up and seems to have gotten pretty far. And it’s got 365k shares with four comments. We’ve talked about this in a different context, but how does something like that happen? The top post, the one from the Wisconsin news station, has 2.1 million comments. Am I looking at one instance of sharing (so, one of the 365,000 shares) or is this genuinely a post that has been shared nearly 400,000 times but only four people commented on it? What is your assessment of what is going on here?

Won’t come as a shock to you that we’re particularly interested in your demotion efforts, which I don’t think we have a good handle on (and, based on the below, it doesn’t seem like you do either). Not to sound like a broken record, but how much content is being demoted, and how effective are you at mitigating reach, and how quickly? As I’ve said, I don’t think our position is that you should remove vaccine hesitant stuff. However, slowing it down seems reasonable. I just can’t describe what it means or how you know its working.

Also, health groups: sure. But it seems more likely that anti-vax stuff is moving in groups that are not about health but are...mom centric, or other spaces. Strikes me as the issue here is less from single-use anti-vaccine accounts and more about people who...do other things and are also vaccine hesitant. Seems like your “dedicated vaccine hesitancy” policy isn’t stopping the disinfo dozen – they’re being deemed as not dedicated -- so it feels like that problem likely carries over to groups.

As a last thing, I’d be interested in seeing this 100 ranking in terms of reach from things that you aren’t actively promoting in the info panel. EG: the unicef one’s reach is because you’re putting it in a big, giant box that says “Facebook” on it, versus the way it distributes naturally.

From: [REDACTED]@fb.com>
Sent: Saturday, May 1, 2021 2:10 PM
To: Flaherty, Rob EOP/WHO <[REDACTED]>
Subject: FW: [EXTERNAL] FW: COVID Genomic Sequencing

Making sure you see this from Nick to Andy as well — around anytime to discuss any and all things...

From: [REDACTED]@fb.com>
Date: Saturday, May 1, 2021 at 1:53 PM
To: Slavitt, Andrew M. EOP/WHO <[REDACTED]>
Cc: [REDACTED]@fb.com>
Subject: Re: [EXTERNAL] FW: COVID Genomic Sequencing

Hi Andy,

Thanks to your team for sharing the research work with us - the team have spent some time reviewing these and I wanted to send over some details on where we're developing work in this space (and where we aren't).

Firstly, I know Brian has sent the latest version of the Top 100 content report to Rob yesterday evening and I wanted to send you a quick note on the three pieces of vaccine content that were seen by a high number of people before we demoted them. Although they don't violate our community standards, we should have demoted them before they went viral and this has exposed gaps in our operational and technical process.

The teams have spent the last 24 hrs analysing these gaps and are making a number of changes starting next week, including setting up more dedicated monitoring for Covid vaccine content on the cusp of going viral, applying stronger demotions to a broader set of content, and setting up daily review and analysis so that we have a better real-time view of what is being seen by lots of people. I will be checking on this closely to make sure that these additional steps show results - the stronger demotions in particular should deliver real impact. Please let me know if you'd like to discuss any of this in more detail.

Returning to the points raised by the research - much of this is fair comment and actually includes many of the integrity efforts we've already deployed and are actively improving on, or are related to planned launches in the coming months.

Non-English mis/disinformation circulating without moderation (Spanish, Arabic, Chinese, among others) and; ISD reports evidence of the global threat that anti-vaccination disinformation and misinformation represents across languages and borders: Rolling our efforts out globally and in other countries will take us some time, given the complexity and scale - we think that this will take a number of months before we've fully scaled this work and we are prioritizing languages where we know vaccine hesitancy is likely to be higher based on external data.

Do not distribute or amplify vaccine hesitancy, and Facebook should end group recommendations for groups with a history of COVID-19 or vaccine misinformation: Much of the research you shared called on us to ensure that our systems don't amplify vaccine hesitancy content and this is top of mind for us. In addition to the changes I mentioned above, we have already removed all health groups from our recommendation feature on Facebook, and on Instagram we filter vaccine-related accounts from our "accounts you may follow feature". We also remove accounts that may discourage vaccination from search features. We currently enforce on hashtags we know are shared to promote vaccine hesitancy content and are working to improve our automated systems here.

Monitoring events that host anti-vaccine and COVID disinformation: From our analysis, events do not make up a high proportion of borderline vaccine content that people see on Facebook right now, but we are working to improve automatic detection for events hosting anti-vaccine and COVID content. Our viral monitoring efforts will also help us detect events that are gaining views on Facebook, and we do remove events coordinating in-person gatherings that involve or encourage people who have COVID-19 to join.

12 accounts are responsible for 73% of vaccine misinformation: Lastly, we continue to review accounts associated with the 12 individuals identified in the CCDH "Disinformation Dozen" report, but many of those either do not violate our policies or have ceased posting violating content. Our "Dedicated Vaccine Discouraging Entity" policy is designed to remove groups and pages that are dedicated to sharing vaccine discouraging content and we continue to review and enforce on these where we become aware of them.

I realise that our position on this continues to be a particular concern for you which is why our teams regularly engage with a range of experts to check whether we are striking the right balance here. In early March, for instance, we discussed our planned approach with members of the "High Level Panel on Vaccine Confidence & Misinformation" (organized by London School of Hygiene and Tropical Medicine and the Center for Strategic and International Studies) and we have checked more recently with Heidi Larson of the Vaccine Confidence Project too.

Among experts we have consulted, there is a general sense that deleting more expressions of vaccine hesitancy might be more counterproductive to the goal of vaccine uptake because it could prevent hesitant people from talking through their concerns and potentially reinforce the notion that there's a cover-up (especially, though not exclusively, in the US). Given how complicated this continues to be, especially due to the recent news cycle about the safety of some vaccines, we will of course continue to speak with experts on our position here and adapt our approach as needed.

Hope this update is helpful –and obviously I’m happy to speak any time.

Best

[REDACTED]

On 4/27/21, 3:33 AM, "Slavitt, Andrew M. EOP/WHO" <[REDACTED]> wrote:

Thanks [REDACTED] I assume you may have staff there. I hope they are well.

Sent from my iPhone

> On Apr 27, 2021, at 12:11 AM, [REDACTED]@fb.com> wrote:

- >
- > Hi Andy
- >
- > I know you're focusing on India a fair amount. Just fyi, we're doing the following:
- >
- > - Amplifying localized authoritative information and services specific to this crisis (e.g., symptom triage information / when to go or not go to a hospital given systems are overwhelmed) on platform and via ad credits;
- > - Activating WhatsApp Bots for symptom tracking and to connect users to nearby health resources;
- > - Curating relevant content across CIC, News, and Latest Updates for India;
- > - Proactively reviewing misinformation content in English, Hindi, and Bengali; and
- > - Making an up to \$10M financial contribution to support some immediate needs in country (e.g., extending medical supplies to underprivileged, augmenting oxygen supply shortages, etc.)
- >
- > And Mark is keen to see what more we can do
- >> >>><https://www.facebook.com/zuck/posts/10112926954780791%3C%3C<<;>
- >
- > Brian & team are in touch with USAID - but don't hesitate to point us to other next steps where we could be helpful.
- >
- > We also received the recommendations/observations from the research organizations you met re covid misinfo etc this afternoon - the teams are now looking at them carefully, and I'll get back to you once that's done.

> Best

> [REDACTED]

> On 4/22/21, 7:23 PM, "Slavitt, Andrew M. EOP/WHO" <[REDACTED]> wrote:

> I will arrange a call. Please let Kelsey know the information on who to include. Thanks

> Sent from my iPhone

>> On Apr 22, 2021, at 7:58 PM, [REDACTED]@fb.com> wrote:

>> Hi Andy

>> As promised, more info from Priscilla Chan below and slides re the CZI work attached. Do tell me how an useful connection can be made.

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>> Thx

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>> Thanks for looking into this. CZI has been working in this area since before the pandemic. We built IDSeq (Link<>>>>><https://www.discoveridseq.com/><<<<; < <>and technical write up attached) to sequence unknown pathogens and then adapted it to do genomic sequencing for COVID and California Departments of public health. Right now we are working with local departments that are deploying these funds to build up their internal capacity. However, we can't figure out if there is a centralized vision of how all of these individual efforts are supposed to come back together and if they do what the public officer facing tool is. Slides on the issue we are trying to address is also attached .

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>> Would love to try to learn about any central plan to ensure that our work ends up being compatible and share back any learning if helpful.

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