From: @google.com]
Sent: 7/21/2021 1:03:37 AM
To: Flaherty, Rob R. EOP/WHO   @who.eop.gov]
CC: @google.com]
Subject: Re: [EXTERNAL] YouTube Announcement

Rob,

To clarify, the content was not in violation of our policies and therefore not subject to removal. But for all content on YouTube, we apply our 4R framework we have previously described to raise authoritative voices while reducing visibility on borderline content. External evaluators use these guidelines which are then used to inform our machine learning systems that limits the spread of borderline content.

Best Regards,

On Tue, Jul 20, 2021 at 8:36 PM Flaherty, Rob R. EOP/WHO <   @who.eop.gov> wrote:
So this actually gets at a good question — the content ▇ points out isn't defined as "borderline" and therefore isn't subject to recommendation limitations?

Sent from my iPhone

On Jul 20, 2021, at 8:27 PM,   @google.com> wrote:

Rob -

I'll check with our team and share any additional data points we have available. Per our COVID-19 medical misinformation policy, we will remove any content that contradicts local health authorities' or the World Health Organization's (WHO) medical information about COVID-19. To date, approximately 89% of videos removed for violations of this policy were removed with 100 views or less. With regards to the specific videos you referenced, the content was not in violation of our community guidelines.

Best Regards,

On Tue, Jul 20, 2021 at 3:58 PM Flaherty, Rob R. EOP/WHO   @who.eop.gov> wrote:
I see that's your goal – what is the actual number right now?

I guess: does the content that ▇ references in his tweet count as violative content that has slipped through? Or is it that generally the stuff he's posting is in-bounds?

From: ████████████ @google.com>
Sent: Tuesday, July 20, 2021 2:36 PM
To: Flaherty, Rob R. EOP/WHO ████████████ @who.eop.gov>
Cc: ████████████ @google.com>
Subject: Re: [EXTERNAL] YouTube Announcement

Thanks Rob,

We appreciate your interest in our announcement yesterday. With regards to your question on the Tweet, it is important to keep in mind that borderline content accounts for a fraction of 1% of what is watched on YouTube in the United States. We use machine learning to reduce the recommendations of this type of content, including potentially harmful misinformation. In January 2019, we announced changes to our recommendations systems to limit the spread of this type of content which resulted in a 70% drop in watchtime on non-subscribed recommended content in the U.S. and our goal is to have views of non-subscribed, recommended borderline content below 0.5%. I will keep you updated with any new policy or product improvements that we make as we continue our work to help people find authoritative health information on YouTube.

Best Regards

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On Tue, Jul 20, 2021 at 10:57 AM Flaherty, Rob R. EOP/WHO ████████ @who.eop.gov> wrote:

████ – Thanks for this. Interested to see it in action.

I'm curious: Saw this tweet. >>>https://twitter.com/ddale8/status/1417130268859772929<<<;;

I think we had a pretty extensive back and forth about the degree to which you all are recommending anti-vaccination content. You were pretty emphatic that you are not. This seems to indicate that you are. What is going on here?

Thanks!

-Rob

From: ████████████ @google.com>
Sent: Monday, July 19, 2021 1:27 PM
To: Flaherty, Rob R. EOP/WHO ████████ @who.eop.gov>
Cc: ████████████ @google.com>
Subject: [EXTERNAL] YouTube Announcement

Rob,

We wanted to share an announcement that we recently made regarding a few new ways in which we are making it easier for people to find authoritative information on health topics on YouTube.

Starting this week, you'll see two new features next to some health-related searches and videos. These include a new health source information panel that will surface on videos to provide context about authoritative sources, and a new health content shelf that more effectively highlights videos from these sources when you search for specific health topics. These context cues are intended to help people more easily navigate and evaluate credible health information.

To identify the sources that will be eligible to be included in these new features, we applied the principles recently developed and published by an expert panel convened by the National Academy of Medicine.

You can find more information about our announcement here. We'd be happy to set up time to walk you through these new features or answer any questions you may have - please let me know what works best for you.

Best Regards,

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████████ Government Affairs & Public Policy Manager,
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