

Written evidence submitted by frontline healthcare professionals

Doctors' accounts of social media harm while tackling the Covid-19 pandemic.

June 2020

1. This is a submission made by a select group of healthcare professionals working on the frontlines of the Covid-19 crisis. At the height of the lockdowns in Europe and the US, many of these health professionals below signed an [open letter](#) to the CEOs of social media platforms.
2. The letter (coordinated by campaign group Avaaz) has now been signed by 2,257 healthcare professionals. In it, the medical professionals back two key policy solutions they want social media platforms to adopt immediately -- these solutions would protect free speech while also protecting users from harmful disinformation that the platforms allow to spread. The letter states:
3. *"Social media platforms must start with two obvious and urgent steps.*
4. *First, they must **correct the record on health misinformation**. This means alerting and notifying every single person who has seen or interacted with health misinformation on their platforms, and sharing a well-designed and independently fact-checked correction -- something shown to help prevent users believing harmful lies. While platforms like Facebook have already moved to label fact-checked misinformation, this system does not go far enough since millions of people may have seen a post before it is fact-checked and labeled. That is why we are urgently calling on Facebook to alert ALL users who have fallen victim to such content, which means going a step further than labeling by providing users with retroactive corrections.*
5. *Second, the platforms must **detox the algorithms that decide what people see**. This means harmful lies, and the pages and groups that share them, are downgraded in user feeds, instead of being amplified. Harmful misinformation, and pages and channels that belong to repeat offenders who spread it, should also be removed from the algorithms that recommend*

content. These algorithms currently prioritise keeping users online over safeguarding their health, and that ends up downgrading humanity's well-being.

6. *Technology companies who have both facilitated the spread of ideas and profited from it have a unique power and responsibility to counter the deadly spread of misinformation and stop social media from making our communities sicker. To save lives and restore trust in science-based healthcare, tech giants must stop giving oxygen to the lies, smears and fantasies that threaten us all."*

Personal evidence of individual healthcare professionals below.

Duncan Maru, MD, PhD

Epidemiologist and Physician

Senior Faculty, Arnhold Institute for Global Health, Icahn School of Medicine at Mount Sinai

Co-Founder, Possible Health

7. As a parent and physician caring for COVID-19 patients in my neighborhood in Queens, New York, I've witnessed how lies about the virus are harming people's lives. My neighbors have died because of a delayed federal government response informed by online conspiracy theories and because of fake news stories claiming that COVID-19 was created by the government of China, that social distancing measures are ineffective, that closures of non-essential businesses are a political plot, or that certain ethnicities are either immune or more likely to spread the disease.
8. The viral spread of disinformation about unproven home therapies has also enabled the virus to spread more quickly. As a result, I've seen patients present too late for the care they need to survive. Colleagues of mine have even witnessed and treated patients suffering from consuming disinfectants after reading online that this was a way to cure COVID-19.
9. A second wave of infection here in the US is imminent, especially as states reopen. As long as COVID-19 disinformation is allowed to run rampant online, that second wave could be even deadlier. It will mean my hospital and others here in New York City will be overwhelmed again with preventable suffering and death. It will mean more video conference calls I have to hold with families saying goodbyes to loved ones who die alone in my hospital.
10. Disinformation has been the virus' key ally in enabling its carnage. It is both deadly and deeply disrespectful to health workers on the frontlines and our patients. We can't be fighting lies and saving lives at the same time. **As an American citizen, I ask that you protect your own citizens from the callous disregard for public health of American companies like Facebook.** We need help desperately in holding tech companies accountable who profit by allowing these lies to spread and to harm.

Rajeev Fernando, MD
Infectious Disease Specialist
First Responder, Queens NYC
Founder, CHIRAJ Global Charities

11. I'm an infectious disease specialist who traveled to Wuhan, China in January to investigate COVID-19 when there were 48 reported cases around the world. Now, as the unofficial start of summer passes, the United States moves closer to a grim 100,000 deaths -- that is more lives lost than the number of troops who died in wars since the start of the Vietnam War.
12. The battle against this deadly virus is far from over. Since we're in a global economic recession, we need to trust in science and reopen the economy based on facts. As a doctor on the frontlines, I'm battling two challenges: trying to save the lives of ICU patients succumbing to the virus and tackling the infodemic. Millions are believing in pseudoscience, fictional documentaries and disproved medical treatments from social media. The UK-based journal Lancet conducted a trial with 96,000 hospitalized patients across six continents which showed no benefit of Hydroxychloroquine treating the virus. Instead, it showed a higher chance of death. Despite this, there is a black market for Hydroxychloroquine and world leaders have touted its purported benefits.
13. One of the biggest obstacles and challenges I face in informing people about COVID-19 is the public's belief in conspiracy theories about the origin of the virus and bogus cures. Many of my Q and A's with patients and the Q and A's I do on local radio and TV are flooded with queries informed by these falsehoods. I've also heard too many patients say COVID-19 is just like the flu; this misinformation has kept many at home thinking this will disappear. By the time some people are hospitalized, they're already in multi-organ failure and death is inevitable. These deaths could've been prevented if we'd tightened our grip on misinformation.
14. It's an honor to serve as a first responder, and I'll keep fighting for patient lives. However, if misinformation continues to spread like wildfire on social media a second wave is inevitable.

Ricardo Mexia, MD, MPH, EPIET
President of the Portuguese Association of Public Health Doctors

15. Risk communication is a difficult task. Even more so in the context of uncertainty. If you add misinformation, it borders an impossible task.
16. Though it seems like a really long time ago, it has been less than 5 months ago that we started to hear about this outbreak, initially in China, but quickly spreading throughout the world. The fact that we have now more than 5 million notified cases (and surely

many more that we have not been able to identify) is a sobering number and significant evidence has been produced by health professionals and scientists around the world.

17. I am currently the President of the Portuguese Association of Public Health Doctors, and these weeks have been particularly busy due to the response to the pandemic. I have been involved at the national level, drafting technical documents to prevent the spread of the disease, but have also been very active in the media. As a public health doctor I take it as a professional responsibility making sure the public has access to scientifically validated evidence that enables them to make informed, safe and healthy choices.
18. The term “infodemic” coined by the WHO fails to describe the magnitude of the problem we are facing with misinformation. I have been required to explain, time and again, that we shouldn’t rush to the pharmacy to buy X (replace X with any of the drugs that have been portrayed as the cure), that there is no conspiracy to take away our civil liberties, or that using a mask doesn’t cause lethal hypoxia (have we undergone surgery by hypoxic masked surgeons for decades?). These are just a few examples of the challenges we are facing on a daily basis.
19. Misinformation spreading unchecked on social media costs lives and we need stern action to avoid those preventable deaths. It is our collective responsibility to make sure that information being delivered or shared with the public doesn’t lead them to risk their lives or the lives of those close by, particularly the most vulnerable ones. It is not a matter of freedom of speech. It is a matter of freedom to live and let live.

**Dr. Meenakshi Bewtra MD MPH PhD,
Assistant Professor of Medicine and Epidemiology,
University of Pennsylvania**

20. As a physician and scientist, I am currently working around the clock to take care of patients and to work on new research questions raised by COVID-19. I have also been trying to stand up for science and facts in the public arena. During this uncertain time, most people want to know facts.
21. Unfortunately, there has been a substantial increase in social media misinformation during COVID-19. Given the critical burden of other responsibilities at this time, it is extremely difficult to be fighting both the global pandemic and the infodemic on social media.
22. Even worse, this misinformation fuels inaccurate and dangerous practices, as well as a backlash against valid science and the scientists who stand up for the facts. I have personally been contacted by people who have spent money they do not have on “remedies” or engaged in various practices that have no efficacy whatsoever (and can actually be dangerous) against the SARS-CoV-2 virus.

23. An Asian colleague of mine has had people yell at her in stores; and had patients refuse to allow her to treat them because of a belief that “Asians carry the virus.” Numerous people have insisted this is a hoax; have refused to stay home because “only old people get sick,” and have refused to use masks, stating they cause the wearer to pass out or get sick.
24. We physicians have been accused of both falsely increasing *and* decreasing the numbers of COVID-19 patients. I personally have been attacked and trolled on my own social media when I have called out misinformation or presented studies or facts about numbers of cases or numbers of deaths from COVID-19.
25. We are frontline healthcare workers and scientists. We are working around the clock to save lives. The wealth of misinformation increases our work; it places our lives in danger; and adds additional stress and emotional and mental toll to all of us. **Social media sites should feel the same responsibility to prevent the dissemination of misinformation; and have corrections in place when it happens.** We would appreciate social media companies standing behind us in this fight.

Irwin Redlener, M.D.

Director, National Center for Disaster Preparedness

Professor of Public Health and Pediatrics, Columbia University, New York

26. On March 31, my oldest son, David, called and said he was having malaise, low grade fever, cough and shortness of breath. He was concerned, rightly so, that he might have Covid-19. “Can you write me a prescription”? he asked. “There is no treatment for this new SARS-CoV-2; no medication known to help, and many treatment ideas that would be outright dangerous”, I responded. But I did call my other son, David’s younger brother, Michael, an experienced physician who supervises an emergency medicine department in one of New York City’s busiest hospitals. Michael sent an ambulance and brought David to the hospital where he was found to have classic Covid-19 symptoms and tested positive for the disease.
27. For several days, David was quite sick with bilateral pneumonia and persistent fever. I’m a physician myself, though a pediatrician, with no direct clinical experience caring for Covid patients. Needless to say, my wife and I were very worried. We would have tried anything to make sure he survived. Fortunately, he recovered quickly and was discharged after five days. And he had received nothing but “supportive care”; no special treatments.
28. Besides being a physician, however, I am a public health analyst for U.S. based networks, NBC and MSNBC. I have commented on almost every scientific study or observation that has shown even a glimmer of possibility that some promising new drug

or “fast tracked vaccine” was on the horizon. So far, all of these announcements were premature and/ or disappointing. This is in addition to the outright crackpot ideas promoted to huge international audiences by Donald Trump, the ultimate snake oil salesman. Recall his public musings about using bleach or rubbing alcohol or UV light inserted into the body?

29. My hope is that the social media companies, the press, and political leaders won't be promoters of false hope or outright ignorance. Let science do its thing. Help the public understand that patience, adaptation and resilience are required now – and will be as long as SARS-CoV-2 remains a mystery and until we get an effective, safe vaccine for the 7 plus billion inhabitants of our fragile planet.

Siema Iqbal,

General Practitioner, UK

30. There have been conspiracy theories amongst the Asian communities regarding COVID mostly stemming from fear, but this has led to a lot of misinformation. Common theories include that doctors are trying to kill patients in hospital and to avoid hospitals at all costs.
31. Messages, usually anonymous, have been shared on WhatsApp seemingly of relatives writing about the way their family members have been treated in hospital, left to die or given an injection (sometimes referred to as the Covid vaccine) and that has killed them.
32. This has led to patients refusing to go into hospital and deterred them from seeking medical help early rather than later. It has also made dealing with family members who have loved ones in hospital difficult to manage as they feel adamant that the doctors are actively trying to harm them or discharging them without treating them.
33. Language barriers compound this further. BAME communities are at increased risk of being affected by COVID and sadly this has been interpreted as Islamophobic rhetoric as Muslims are to blame for the rise with stories of people actively avoiding Muslims because they “carry the disease”

Thomas Knowles

Advanced Paramedic Practitioner, UK

34. While working for NHS 111 I spoke to a woman whose symptoms made me strongly suspect that she was experiencing a heart attack. The only possible place that she could have been appropriately treated and assessed with her symptoms was a hospital setting, and her risk was high enough that I wanted her to be initially managed by the ambulance service. She understood my concerns but refused to allow any crew into her home. She separately refused to attend A&E under her own power, and also refused by last ditch attempt at contact with an out-of-hours GP because, she rightly reckoned, they'd say the same thing I had. When asked why she was refusing, she reflected that her GP had informed her that she had to shield because of her other health conditions, and that she'd read on Facebook that it meant she'd definitely die if she went to hospital and caught it.
35. She wouldn't not accept my explanation that I was worried her chest pain could be a fatal event and that any staff attending her home would be wearing PPE. I was forced to accept her right to decline treatment, and she received no specific care that I'm aware of.

Anonymous Pharmacy Technician.

36. As a pharmacy technician working in the community we have had a few patients say they are scared to take their hydroxychloroquine, ACE inhibitors [blood pressure medication] ibuprofen (and similar drugs) due to the scaremongering around COVID-19 that circulated on social media when we first started hearing about how the virus enters cells, or where the side effects were highlighted to stop people taking those medicines unnecessarily.

Cassie Hudson,

Student Paramedic, UK

37. We went to a lady who was having anxiety-related shortness of breath made worse by her asthma. She was at home with her newborn, so she had constantly been glued to the TV and Facebook reading everything she could. She was

scared for herself and her baby as they both have underlying health conditions but are not in the shielding group. She had no background in health so it was completely understandable she could not decide what was true or not. I was quite worried for her mental wellbeing as a new mum on her own. There's a background of fear. Lots of people with COPD or cardiac disease are just refusing to seek suitable levels of care because they're afraid they'll die of COVID-19 in the hospital