

Why ‘misinformation’ is the wrong label with vaccine hesitancy | TheHill

By Marc Siegel

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Vaccine hesitancy is an increasing problem at a time when, with the emergence of the highly contagious delta variant, compliance is more important than ever. As our leaders and public health experts struggle to find the best way to promote compliance, one thing is increasingly clear — condescension or assertion, or a sleeve of numbers thrown at a fearful patient, are not techniques that are working.

The term “misinformation” has been thrown around a lot lately by the Biden administration, and many from the president himself lashing out at Facebook for [“killing people”](#) with COVID-19 vaccine misinformation, to Surgeon General [Vivek Murthy](#) in his first formal advisory to the U.S., [accusing](#) the tech and social media companies of not doing enough to stop the spread of dangerous health misinformation, especially about COVID-19.

My first reaction to these statements was: Who decides what constitutes misinformation and what doesn’t? Who is the guardian of scientific truth? The problem with even using the term is that it implies that the person using it knows what is correct and what isn’t. This is particularly difficult with something like a viral pandemic, where the science is evolving, where one set of useful guidelines that initially applies may not apply as well to a new variant, for example, which is more easily transmitted. The science on the effectiveness of masks and the exact usefulness of these incredible COVID-19 vaccines is still evolving.

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