About Rooted in Trust 2.0

Internews’ Rooted in Trust 2.0 is identifying, collecting, analyzing and responding to rumors in 10 countries around the world, with support from USAID’s Bureau of Humanitarian Affairs (BHA). We focus on providing journalists and humanitarian communicators with the tools they need, in their preferred languages, to respond to rumors and misinformation in the context of the COVID-19 crisis.

Central themes of this publication

- Informed consent and secondary symptoms of vaccines
- "The COVID-19 Poster"
186 Total number of rumors

Information collected between: May 3 and May 31

Risk: 15% medium, 85% low

Key words
- Vaccine
- Colombia
- Covid
- Mouthpiece
- Petro
- Effects
- Children
- Monkey
- WHO
- Pfizer

Social networks where information was collected

<table>
<thead>
<tr>
<th>Social Network</th>
<th>Followers</th>
<th>Likes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telegram</td>
<td>82.3%</td>
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<tr>
<td>Facebook</td>
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<td>7</td>
</tr>
<tr>
<td>Offline</td>
<td>3.2%</td>
<td>7</td>
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</tbody>
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- Facebook: 5.9%
- Offline: 3.2%

Total publications: 7
- Followers: 40,343
- Likes: 7

Total tweets: 172
- Followers: 5,498
- Likes: 123
Datos de COVID-19

42,961 new doses were assigned in the last 15 days (May 13 to June 3, 2022).

36 million people (70.8% of the population) with the complete vaccination schedule (as of June 3).

- **955 municipalities in Colombia** already have 70% of their schemes completed, which indicates that 85.11% of all municipalities in the country can now be free from the use of the mask in open spaces.

- **Coverage by Department**
  - Caquetá (46%)
  - Chocó (36.5%)
  - Putumayo (39.8%)
  - Vaupés (31.2%) coverage-departments in which Arraigados en la Confianza is present have not yet vaccinated 70% of their respective populations.

Data provided by the Colombian Ministry of Health and the National Institute of Health, as of June 6, 2022.
“The vaccine is bad, and it does harm, because if it didn’t, we wouldn’t have to sign paperwork claiming we are responsible for what might happen. If they hand over that sheet it’s because they know something bad is going to happen.”
As established by Law 23 of 1981, on "Medical Ethics of Colombia", the purpose of informed consent is to guarantee the right of patients to be clearly informed about the possible benefits and risks of any type of medical or surgical procedure, ensuring that this is only carried out based on their full consent and express authorization.

Vaccination against COVID-19 in Colombia is a voluntary procedure and, therefore, before deciding whether to do it or not, it is essential that we clearly know the benefits and risks of doing so, as established in the informed consent. If we have any doubts, medical professionals and personnel at the vaccination points should clarify them. Likewise, the availability and clarity of information for ethnic communities, in their ancestral languages and dialects, must be guaranteed.

As we have pointed out in previous installments, the scientific evidence and medical studies published so far indicate that the adverse effects contemplated in the informed consent, as well as others that have been identified sporadically in some people after vaccination, are less than the benefits of immunization against the virus.

Data verification:

For every 10,000 doses administered, 5 side effects were reported.

Of 300 million doses of Pfizer and Moderna applied in the United States between December 2020 and June 2021, only 0.0008% of people reported any serious side effects, the most common being shortness of breath and, very infrequently, myocarditis, a form of heart inflammation for which there are quite effective medical treatments.

The Colombian Ministry of Health indicates that 0.05% of the people vaccinated have reported side effects. For every 10,000 doses administered, 5 side effects were reported.

Of the total number of side effects reported, 94.9% are mild, do not require treatment and do not produce medium and long-term consequences. The 5.1% of reported cases corresponded to predictable serious effects. All mild and severe cases should be reported and managed in the pharmacovigilance program.
An official of the Departmental Health Secretariat of Vaupés said in an interview that the process of raising awareness about the risks and benefits of vaccines with communities has been quite complex because rumors and pieces of misinformation were already circulating on social networks and word of mouth before the official information arrived. Some of the factors that contributed to the viralization of this type of content are:

1. The fear of being vaccinated with a drug that according to rumors “was new, made on the run and without sufficient medical studies and tests to know if it is safe”. It is important to remember that coronaviruses are a large family of viruses that have been identified since the mid-1960s and that scientists around the world have been studying and developing ways to combat them since before SARS-CoV-2 emerged.

2. The lack of information in their own language and the delay of the institutionality to go to difficult access areas of the country, to socialize the benefits and risks of vaccines from a constructive and non-imposing perspective on their cosmovisions or perspectives from the ancestral medicine.

In this regard, the official of the Secretariat expressed that based on the identification of these barriers, they have managed spaces for dialogue and good practices, involving the largest number of experts in their own languages (both for the translation of the informed consent and to guarantee the access and understanding of the information).

This type of rumors delegitimize the importance of informed consent as a mechanism to ensure that communities receive clear and accurate information on procedures such as vaccination against COVID-19.

In this regard, it is necessary to emphasize that consent and free, prior and informed consultation have also been means to guarantee the governance and autonomy of ethnic communities in other processes of interference in their territories. Therefore, their application should not be understood as a State mechanism to impose or free itself from responsibilities, but rather to guarantee compliance with their rights.
Communities still report a lot of rumors and misinformation about COVID-19 and other related health issues, so it is essential that we can collect and begin to systematize this type of content in order to respond to it in a coordinated manner.

¡Email or call us if you have data or have heard anything in the communities that puts the health response at risk! EMAIL!

Regarding this specific rumor, it is advisable to hold dialogue sessions in which it is made clear that vaccination against COVID-19 in Colombia is a voluntary decision and, therefore, before deciding whether or not to do so, it is essential that we know the benefits and risks of doing so, as established in the informed consent form.

For this risk communication process, testimonials from people in the communities who have been vaccinated can be used, documenting their experience and openly discussing the benefits and risks of vaccination.

Likewise, it is recommended to hold dialogue sessions where the information contained in this form is socialized and clearly explained, ensuring that the information is available in the local language and with the support of local health professionals who can answer any doubts that may arise. For this purpose, it is possible to approach ethnic organizations such as OZIP (presidente@ozip.org.co) or AATIAM.
Some context

This and other similar rumors have been denied since they began to go viral on social networks in mid-2020, when Senator Carlos Abraham Jimenez pointed out that there was a higher proportion of patients hospitalized in intensive care units (ICU) in Cali compared to other cities in the country, suggesting the possible existence of a “COVID-19 cartel”. Likewise, the Minister of Health, Fernando Ruiz, pointed out a week later that “there could be incentives in hospitals and private clinics to keep patients in these services beyond the necessary time, due to economic interests”.

Data verification:

It is not possible to speak of a COVID-19 cartel in Colombia since:

1. The Health Care Provider Entities (EPS) cover the costs of patient care and by law cannot demand extra money from the Government to assume additional hospital costs.

2. As these costs are covered by the EPS and not by the hospitals, these entities have a strict control and surveillance system to monitor that the health centers do not spend more than necessary on hospital services and the care they provide.

3. For this reason, the EPSs closely monitor when hospital staff determine that a patient should be admitted to an ICU.

4. The Government does provide financial support to hospitals in the few extreme cases in which the amounts covered by the EPS are exceeded and the patient requires additional treatment. It also created a “COVID-19 basket” to help cover additional expenses related to the coronavirus. However, only until 2022 was it determined that a capital injection by the Ministry of Health was necessary, due to the high costs of care during the last peaks of the pandemic.
The Government gives incentives to hospitals per ICU bed day NOT occupied, i.e., for decongestion of the service and not for occupancy.

In addition to the control of the EPS and the monthly reports requested by the Government for the disbursement of incentives for the non-occupancy of the ICUs, the health secretariats keep a rigorous daily census of patients infected by COVID-19 and, as explained in past issues, the falsification of contagion tests, vaccination certificates or other related documents are punishable by law, with penalties of up to 12 years.

Doctors receive a fixed salary and do not receive any economic benefit for keeping a patient in an ICU for longer than necessary. However, it should be noted that as of August 2020, it was decreed to grant a one-time bonus to 250,000 health professionals in the country who have provided their services in epidemiological surveillance and/or care of suspected or confirmed cases of COVID-19.

In any case, due to these rumors, the Superintendency of Health has stepped up its vigilance measures to identify and act in a timely manner in the event of possible inappropriate use of resources, among other infractions that may occur.

Why has this rumor gone viral?

This type of rumors have not only been identified in the Colombian context. In fact, in October 2020, during an event of his reelection campaign, the former president of the United States, Donald Trump, said that “doctors get more money if someone dies of COVID-19”, statements for which he was subjected to multiple criticisms, for not being based on evidence but on speculation and undermining the legitimacy of the work of health professionals.

In this sense, beyond the context, these rumors have gone viral, as they are related to the uneasiness of relatives who are unable to see or have timely information on the health status of their loved ones once they are admitted to the ICU. Moreover, the fact of not being able to hold a traditional wake for patients who have died of COVID-19 exacerbates the pain and hinders the process of mourning and assimilation of such complex events.

In addition to this, in Colombia these pieces of disinformation echo in the collective imagination due to the naturalization of corruption events and the registration of other scandals of great magnitude. In the health sector, for example, we find the so-called “Hemophilia Cartel”, through which corrupt officials of the Cordoba administration diverted royalty funds to profit themselves, passing these resources off as payments for services from health care institutions, which did not exist in reality.
What is the significance and possible implications of these rumors?

These types of rumors are important because despite having been identified and verified since 2020, they continue to spread through word of mouth and social networks, generating mistrust regarding vaccination and access to health services, uneasiness in relatives of people infected with COVID-19 who dismiss the real causes of death and attribute it to medical negligence and the economic interest of health personnel. This type of rumor may also encourage violence towards medical personnel. During the pandemic, the Ministry of Health reported 85 events against the Medical Mission, 62 incidents and 23 infractions.

Recommendations

For the specific case of this rumor, humanitarian organizations can establish bridges between communities and the competent agencies, while we accompany the cases of people who have doubts or suspicions of inconsistencies in medical procedures, reports or death records, providing timely information on the channels of care and reporting. This accompaniment includes psychosocial aspects for relatives of people who died by COVID-19, through guides and tools to help them during this difficult process. Some examples are:

a. IPIR
b. Capital Health

Likewise, it is advisable to translate into a language close to the community the content of journalistic and verification articles about the alleged “COVID-19 cartel” and disseminate them in the digital groups and spaces most used by the communities in order to dispel these doubts. Some examples of published articles are

a. El Espectador
b. RCN Radio
c. ColombiaCheck

Finally, it is recommended that humanitarian agencies establish communication and a support network with local media to advise on the creation of content where the populations themselves can co-create and participate, sharing their experiences and needs from the community.

We emphasize that the Rooted in Trust 2.0 team can be contacted for identification of community rumors, doubts, claims and fears surrounding COVID-19 and other health issues that have been exacerbated by the pandemic.
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For more information about the project or access to our content repository, please visit our website at Internews

If you would like to give us your feedback on this newsletter and/or the “Rooted in Trust 2.0” project, please feel free to write to us at jsandovalvasco@internews.org. We would very much like to know your opinion in order to adjust future content pieces.

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