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"Are We Done?": The Minimization of Covid-19 and the Individualization of Health in the United States

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“Are We Done?": The Minimization of Covid-19 and the
Individualization of Health in the United States

by

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A thesis submitted in partial fulfillment
of the requirements for the degree of
Master of Arts
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ABSTRACT

As the death toll from Covid-19 in the United States exceeds 1 million in just over two years, more variants continue to emerge, threatening more waves of Covid-19 and ultimately, more deaths. Despite this, mask use continues to decline, and one third of Americans say that the pandemic is over. The Centers for Disease Control and Prevention (CDC) has been central in publicly disseminating biomedical knowledge using Twitter. The CDC's Twitter account (@CDCgov) shares information related to the spread of Covid-19, including mitigation measures such as mask recommendations and vaccine information. I have conducted a narrative analysis of the replies to the CDC's tweets about Covid-19 to understand narratives within the public's response to CDC public health information dissemination. In this thesis, I demonstrate how, under capitalism, narratives of health focus on individualism, rejecting concern or responsibility for public health. A significant circulating narrative in public discourse on Twitter minimizes the severity of the Covid-19 pandemic. I argue that this narrative is evidence of the individualization of health under capitalism in the United States, and how necropolitical power is deployed through the minimization discourse, creating the conditions of slow violence and death worlds for the most vulnerable.

INTRODUCTION

As the death toll from Covid-19 in the United States exceeds 1 million in just over two years, more variants continue to emerge (Weiß 2022), threatening more waves of Covid-19 and ultimately, more deaths. Not only have we lost over a million people, but more than 20 million people lost their jobs in the first several months of the pandemic (Soucheray 2020). An estimated 30-40 million Americans are at risk of eviction (Benfer et al. 2021), and 10 million have become food insecure (Feeding America 2021). The economic fallout, which has been referred to as the worst since the Great Depression (Benfer et al. 2021), is not the only devastating effect of Covid-19. For those lucky enough to survive a case of the virus, an estimated 10-30% could experience long-term side effects (Rubin 2020; Yoo et al. 2022). What's more, these physical and economic effects have been especially cruel to the most marginalized in the U.S., as already existing disparities have been exacerbated by the pandemic (Perry et al. 2021).

Despite this, the federal mask mandate for public transportation was lifted on April 18, 2022 (Savage and Murphy 2022) and the response from much of the American public was celebratory. Mask use continues to decline, and one third of Americans say the pandemic is over despite rising cases (Ipsos 2022). However, the Covid-19 pandemic is far from over. Not only do new variants continue to emerge, but hundreds continue to die each day in the U.S.¹, making the possibility of a post-Covid-19 world seem forever distant.

The Centers for Disease Control and Prevention (CDC) has been central in disseminating biomedical knowledge surrounding Covid-19. One avenue through which they share information with the public is Twitter. The CDC's Twitter account (@CDCgov) shares information related to

¹ On May 1, 2022 the CDC data tracker website reported that the daily average was 308 deaths in the U.S.

the spread of Covid-19, including mitigation measures such as mask recommendations and vaccine information. Anyone with a Twitter account may reply to the CDC's tweets. While some of the CDC's tweets generated only a handful of replies from the public, other tweets garnered hundreds if not thousands of replies. These replies are rich with information on the public discourse surrounding Covid-19.

In this thesis, I demonstrate how one narrative on Twitter surrounding Covid-19 is the minimization of the severity of the pandemic. I divide this minimization narrative into three subthemes: denial, defiance, and indifference. Throughout the data that supports this theme is a disregard for the health and safety for the most vulnerable, and a profound apathy towards mass death. This narrative, I argue, is evidence of the individualization of health in the United States.

CHAPTER ONE: LITERATURE REVIEW

In the following literature review, I will discuss how narratives are meaningful, how narratives within science are important to study and understand, how narratives within science may become consequential, and finally, how, under capitalism, health is individualized and therefore the pursuit of health is the pursuit of the individual's, not the public's, health.

Narratives

In order to make sense of our lives, we organize information through stories. Stories, or narratives, create meaning out of experiences. Polkinghorne (1991) states that schematic knowing, or narratives, “[allow] us to experience life as a whole, rather than simply one event following another” (p. 138). There are multiple types and levels of narratives that together comprise our understandings of ourselves and the world. Loseke (2007) posits that there are four categories of narrative that all influence each other through their “reflexive relationship”: cultural narratives (macro-level), institutional narratives (meso-level), organizational narratives (meso-level), and personal narratives (micro-level). Narratives at the cultural level present in two ways. They may be stories of unique individuals or generalized characters. Both depend on the public, or those being presented the narrative, having existing beliefs about the group of people that the individual or character represents (Loseke 2011). Cultural narratives are distinct from institutional narratives. However, cultural narratives can become institutionalized. Loseke states, “While cultural narratives of identity might—or might not—be evaluated as believable and important by a significant number of people and therefore might--or might not--shape the symbolic world, narratives of institutional identities are, by definition, consequential (2007:667).

Institutional narratives influence public policy by constructing target populations. All people either become a target population for public policy or are excluded from being a target for public policy. As Loseke explains, "Some types of people are constructed as morally good and deserving of sympathy and help while other types of people are constructed as morally deficient and deserving of condemnation and punishment" (2007:669). Organizational narratives create groups of people that are "in need of repair" (Loseke 2007:670). They are more likely to come from formula stories than from institutional narratives. We may use formula stories to make sense of both others and our own self-narratives.

Feminist Science Studies

Narratives were not of interest to social scientists until the past several decades when the idea of objectivity was more seriously questioned (Green & Loseke 2019). The biological sciences are often believed to be "objective" and "unbiased" areas of knowledge construction, but recent decades of feminist scholarship have demonstrated that all knowledge is socially constructed and political, and this includes the biological sciences (Harding 1992b; Spanier, 1995). Scientific knowledge cannot exist outside of the social structures that produce it, and therefore cannot exist without their influence. Thus, narratives within science are important to study and understand.

One field that has paid particular attention to narratives of science is the field of feminist science studies, also known as feminist technoscience studies (Åsberg & Lykke 2010) or queer feminist science studies (Cipolla et al. 2017). Despite decades of feminist critiques of science from within the field, "the cloak of 'pure science' and objectivity continues to surround the sciences" (Subramanian, 2009:952). However, feminist science studies scholars explain that

scientific knowledge is not as “objective” as many believe and wish it to be. Haraway explains that all knowledge is situated: it is influenced by who is producing it, and their social location (1988: 581). In explaining that no one can have an entirely objective view she states, “Vision is always a question of the power to see—and perhaps of the violence implicit in our visualizing practices. With whose blood were my eyes crafted?” (1988:586). Knowledge production is political and, therefore, consequential for those that are subjects rather than producers of knowledge.

Feminist science studies does not say that objectivity cannot exist, but that objectivity cannot be neutral (Harding 1992a; Singh & Klinge 2015). The belief that objectivity is neutral does not work out in practice, partly because it does not take into account that all knowledge is situated. Harding describes several ways of determining what counts as knowledge. Sociological relativism acknowledges that the types of information that are considered knowledge depend on the person and their culture. Absolutists believe that there is only one way to determine what counts as knowledge. Those cultures that have not adapted to this way of thinking are simply more primitive. Epistemological relativism states that, "each of these (often conflicting) standards that different groups use is equally valid, equally good" (1992a:576). This would make the views of the oppressor and the oppressed equivalent, which ignores that all knowledge is situated. Harding explains that to abandon the "neutrality ideal" is to abandon epistemological relativism. Furthermore, current techniques to make science research objective are only used after the "'context of discovery': after a problem is identified as a scientific one and a hypothesis and testing procedures are selected" (1992a:577). In the process of determining what gets to be defined as a scientific problem, bias and "culture-wide assumptions" (1992a:578) shape the resulting scientific knowledge. Harding explains that the neutrality ideal is not just impractical

but makes objectivity impossible. She presents her concept of "strong objectivity" instead. Strong objectivity would account for the assumptions and bias at each step of the research, including the "context of discovery." She concludes that strong objectivity leads to the value of standpoint epistemologies.

Within the strong objectivity lens there are two main approaches to the framework: feminist empiricism and feminist standpoint approach (Singh and Klinge 2015). Harding (1992b) explains that feminist empiricists believe that scientific methods do not need to be changed, but just need to be done with more care, in order to eliminate bias in research. Standpoint epistemologists, on the other hand, believe that the methods themselves are biased and cannot be just done better in order to eliminate bias (Harding 1992b). Several scholars, however, have critiqued Harding's definition of feminist empiricism (e.g., Campbell 1994; Nelson 1990; Longino 1990; Longino 1993) and stressed the importance of the approach for "the introduction of feminist political goals to the empirical study of science" (Singh and Klinge 2015:18).

Standpoint epistemology tries to understand what effects the politics of the knowledge producers have on the knowledge they produce. Harding explains, "Thus the standpoint claims that all knowledge attempts are socially situated, and that some of these objective social locations are better than others as starting points for knowledge projects, challenges some of the most fundamental assumptions of the scientific world view and the Western thought that takes science as its model of how to produce knowledge" (1992a: 444). Standpoint knowledge is for marginalized people rather than about marginalized people. Starting knowledge from marginalized lives is the basis of standpoint epistemology (Harding 1992a).

Feminist science studies teaches that the pursuit of scientific "truth" is not without consequence. The partial perspectives of scientific knowledge create partial perspectives of

reality (Spanier 1995). These perspectives that are presented as objective and neutral work to reinforce the existing social order. Weasel explains, “the discourse of science serves to reinforce prevailing social and cultural stereotypes, making them appear ‘natural’” (2001:30). These narratives within science then may become institutionalized, and therefore, as Loseke explains, consequential.

The Individualization of Health as Capitalist Ideology

The infamous American Dream relies on the idea that one can achieve what they want to achieve as long as they put their mind to it and, ultimately, make the right “choices.” Our “freedom” to make “choices” is the epitome of Western capitalist values. In every area of life, we are consumers with choices to make, and our circumstances are seen as purely due to our choices. If we find ourselves in poor circumstances, we simply made a wrong choice or two. If we work hard and make the right choices, we can escape our circumstances. Harjunen explains, “individuals are seemingly offered the freedom to choose to do what they want with their bodies, and moreover, bestowed with a moral and social responsibility to do so” (2017:8). In terms of health, Americans valuing choice leads us to believe that our health is in our control if only we make the correct health “choices.” As the pursuit of health in American culture is seen as a morally good pursuit, health is seen as something that each individual can and should achieve by making the right choices. And further, as Crawford explains, “As health becomes a super-value, those who fail to seek it become near pariahs” (1980:379). A failure to make the right health choices, a failure to be healthy, is seen as a moral failure of the individual. This exemplifies American individualist ideology, which is rooted in and reinforced by capitalism. As Dean (2016) explains,

The era of communicative capitalism² is an era of commanded individuality. The command circulates in varying modes. Each is told, repeatedly, that she is unique and encouraged to cultivate this uniqueness. We learn to insist on and enjoy our difference, intensifying processes of self-individuation. No one else is like us (like me). The ‘do-it-yourself’ injunction is so unceasing that ‘taking care of oneself’ appears as politically significant instead of as a symptom of collective failure—we let the social safety net unravel—and economic contraction—in a viciously competitive job market we have no choice but to work on ourselves (25)

The individualization of health under capitalism leads to a definition of health as not a human right that should be afforded to all, but an achievement that one must always be working towards by making “healthy choices” and “working on ourselves.”

In *Calling the Shots* (2016), Jennifer Reich discusses the individualization of health that leads to choices that put others’ health at risk. Specifically, Reich investigates the decisions of parents who choose to opt out of vaccinating their children. She finds that the majority of children in the U.S. that do not get all of their recommended vaccines are children with lack of access to healthcare and other resources. However, the majority of parents who willfully choose to not vaccinate their children are white and economically privileged. The decision of those with access to vaccines to not vaccinate their children ultimately puts those with less access at risk. However, parents largely understand this and choose to not vaccinate their children, anyway. These parents are individualizing health: they are putting the perceived health of their individual child above the collective health of all children in their communities. Reich finds that one reason that they feel justified in this decision is that they do not believe that they are getting anything

² Communicative capitalism refers to the current iteration of capitalism in the U.S. according to the author.

out of the social contract, and therefore do not see a need to contribute to the social contract.

Interestingly, Reich explains,

As parents claim individual expertise and the right to make their own choices, they do so while continuing to claim that their children are *entitled* to public resources like publicly funded education or use of public spaces like parks, while opting out of public obligation (2016:237).

Reich refers to this behavior as “free-riding”: they are benefitting from the fact that the vast majority of children are vaccinated and therefore create herd immunity, but they are not contributing to herd immunity. This, Reich observes, is the parents’ individualism in action.

They are valuing their freedom to make choices about their child’s own health more than they are valuing the collective health of their communities.

This thesis investigates how Twitter users respond to the CDC’s messages about Covid-19. The literature review above prepares the reader for this investigation by discussing how narratives are meaningful, how narratives within science may become consequential, and how, under capitalism, health is individualized and therefore the pursuit of health is the pursuit of the individual’s, not the public’s, health. In using content analysis of the replies to the CDC’s tweets about Covid-19, I find that there is a narrative in public discourse that minimizes the severity of the pandemic, and I argue that this is evidence of the individualization of health under capitalism.

CHAPTER TWO: METHODS

In order to address my research question and understand public discourse around the CDC's messaging about Covid-19, I conducted a content analysis of the replies to the CDC's tweets about Covid-19. Twitter and other social media sites are an increasingly common site for qualitative research. For example, Twitter data has been used to explore presentations of the self (Papacharissi 2012), and study communication about natural disasters (Lachlan et al. 2015), as well as other crisis events like riots (Gupta, Joshi, and Kumaraguru 2012).

Launched in 2006, Twitter now boasts over 200 million users and estimates that over 500 million tweets are sent each day. "Tweets" are Twitter posts that may contain up to 280 characters, and may include links, photos, or videos. Twitter is free and accessible to the public; anyone with access to the internet can create an account and send tweets.

Data Sampling and Retrieval

The first mention of Covid-19 by the CDC's Twitter account (@CDCgov) was in January 2020. Since that time, the CDC has tweeted numerous times about Covid-19, sharing updates on case numbers and deaths, the most recent guidelines, and more. In early September of 2021, I applied for and was granted an academic Twitter developer account, which allows me to then use the Twitter API (Application Programming Interface). The API is what allows for communication between Twitter and other software, letting me search for and retrieve tweets into R Studio. On September 22, 2021, I used the API to determine the top three CDC tweets (from Twitter account @CDCgov) with the most replies during each month, starting in January

2020, through August 2021 (See Appendix 1). I then used the R studio package `academictwitterR` to retrieve the replies to each of the 54 CDC tweets.

This yielded 145, 298 tweets. An error with the API occurred for the replies to four of the CDC's tweets: the first tweets of December 2020, the third of April 2021, the third of May 2021, and the third of June 2021. (My data comes from the replies to 50 CDC tweets: $18\text{months} \times 3\text{tweets} = 54\text{ tweets} - 4\text{ tweets with error} = 50$). Resolving this error required an update to the API, and was therefore not possible at the time I retrieved the tweets. The number of tweets per month is shown in Table 1. I then used R studio to take a random 5% sample of each month's replies, leaving me with a total of 7,264 tweets. The number of tweets per month is shown in Table 1. These tweets were then uploaded into NVivo to be qualitatively coded.

I opted to narrow my sample to the replies to the top three CDC tweets with the most replies each month because tweets that generated more replies were more likely to generate more discourse from the public than tweets that only had several replies, so I felt that the data would be richer and more important under tweets that generated more discourse. I also found it to be important to sample from multiple months rather than during a certain point in time in order to better understand how the discourse developed and changed over time.

Data Analysis

After retrieving my data, I conducted a content analysis of the tweets using coding methods as described by Saldaña (2013). In my initial round of coding, I remained "open to all theoretical directions indicated by [my] readings of the data" (Charmaz 2006:46). I did not enter the process with any hypotheses or preconceived notions about the content of my data. I began analyzing my data by reading through each tweet and then used descriptive coding to

categorize the content of each tweet. I went through the tweets by month and coded the tweets into broad categories. (e.g. “vaccine”). I also used simultaneous coding (Saldaña 2013) in that I coded tweets multiple times at once if they contained multiple subjects (e.g. “vaccine” and “masks or PPE”). In the second round of categorization, I went through the broad categories and coded them into more specific categories (e.g. “vaccine\vaccine risks”). In the third round of categorization, I went through the secondary codes and I coded those tweets into even more specific categories (e.g. “vaccine\vaccine risks\reporting symptoms from the vaccine”). Lastly, I categorized the tertiary codes into themes. In this process, the theme of minimization became very prominent in the data. I then organized the tertiary codes under the minimization theme into three subcodes: denial, defiance, and indifference.

Twitter replies can be thought of as a web: there may be multiple replies to a single tweet, and each of those replies may have multiple replies, and so on. R studio was not able to differentiate a reply to the CDC’s tweet from a reply to a reply, etc. For this reason, after a sample was taken, some tweets were replying to a previous reply (rather than directly replying to the CDC’s tweet). Sometimes, the context of such tweets could not be determined, and the tweet was therefore discarded. Tweets were also discarded if they were not in English.

Data Presentation

When presenting my data below, I used several strategies in order to improve readability and protect anonymity. They are as follows. First, to maintain anonymity, when users tagged other accounts, those accounts are shown as @[username]. I included usernames if they were the CDC (@CDCgov) or other CDC-affiliated accounts, or if they were a public figure, such as a politician. Second, each tweet that is presented as evidence of the themes in this thesis are cited

based on the CDC tweet that each is replying to. They are cited as (MonthYear, A,B, or C) with A, B, and C representing the first, second, and third most replied to CDC tweet from each month. See Appendix A for all CDC tweets used. Third, not all emojis translated in R studio. If an emoji did not translate, it appeared as `_x000D_`. This was replaced with [emoji] to improve readability. Lastly, some tweets contained links. Rather than provide the link, I included descriptions of what the link went to. (i.e. [Link to an article with title “ABC123”]). Sometimes, there were broken or spam links, which were then listed as [broken link] and [unsafe link], respectively.

Table 1. Number of Tweets Per Month

Month	Total Replies from Top 3 Tweets	Total Replies After 5% Sample
Jan. 2020	834	42
Feb. 2020	3,837	192
Mar. 2020	4,262	213
Apr. 2020	4,575	228
May 2020	1,413	70
Jun. 2020	862	43
Jul. 2020	1,547	78
Aug. 2020	1,129	56
Sep. 2020	1,229	62
Oct. 2020	1,332	66
Nov. 2020	1,274	64
Dec. 2020	2,076	104
Jan. 2021	6,451	322
Feb. 2021	6,395	320
Mar. 2021	19,490	974
Apr. 2021	3,707	186
May 2021	35,727	1,786
Jun. 2021	9,869	494
Jul. 2021	30,410	1,520
Aug. 2021	8,879	444
Total:	145,298	7,264

CHAPTER THREE: FINDINGS

In this chapter, I explore the first major theme that emerged from my data: the active minimization of the severity of the global Covid-19 pandemic. Twitter users deployed a variety of strategies and displayed a range of strong emotions in their minimization. I have organized these strategies into three subthemes: denial, defiance, and indifference. Throughout these subthemes is evidence of a profound level of public apathy towards the health and safety of others, especially the most vulnerable. I argue that this apathy is evidence of the individualization of health under capitalism in the United States. I then discuss some of the potential implications of this individualization.

The Minimization of Covid-19 Through Denial

The first way in which Twitter users minimized the severity of Covid-19 was through a denial of the reality of the situation. I identified three different ways in which the public engaged in denial: by denying that Covid-19 exists, by accepting that Covid-19 exists but denying that it is serious because there is a high survival rate, and by denying that it is serious because in their personal experience of having Covid-19, it was not serious for them.

“The Hoax Continues”

First, some users engaged in denial by proclaiming that Covid-19 does not exist at all. A number of tweets used very little emotion, instead simply stating that Covid-19 is not real.

- “@[username] @CDCgov there’s no covid.” (Jul21, A)

Others approached the subject more argumentatively. For example, one user insisted that Covid-19 was in fact *proven* to not exist.

- “[@username] @CDCgov Lol did you know. You mean the same covid that was just proven, in a court of law, in record, to not exist? That covid? [emoji][emoji][unsafe link]” (Jul21, A)

Detection of specific variants of Covid-19 is achieved through isolating the virus in a lab. In response to the CDC warning about rising cases of the delta variant, some proclaimed that Covid-19 could not be isolated because it was not real.

- “@CDCgov You can’t isolate what doesn’t exist.” (Jul21, A)

Still others imbedded their denial of Covid-19 in attempts to invoke a sense of distrust, implying the existence of a conspiracy.

- “@CDCgov This is total BS. Not only are these people lying to you and me about the ‘spread’ of C-19...they are lying about how serious it is in the first place. Have you noticed that EVERYONE you know is still here? How many funerals did you go to in the last 18 months? C-19 is TOTAL BS.” (Jul21, A)

Others implied that a conspiracy exists through language such as “fraud,” “hoax,” and “scamdemic” (a combination of the words scam and pandemic).

- “@CDCgov Covid is a fraud! The PCR tests have created a fake pandemic.” (Dec20, C)
- “@CDCgov The hoax continues.” (May21, A)
- “@CDCgov Hopefully this Scamdemic will soon be exposed out in the open.....
COVID19 Crimes Against Humanity, fraudulent PCR Tests Taken To Court – Interview... [link to a deleted YouTube video]” (Nov20, A)

One user even shared an image of an article with the title, “Maker of COVID Tests Says Pandemic is Biggest Hoax Ever Perpetrated” (Nov20, C). Lastly, some users exhibited very strong emotions, indicated especially through the use of all capital letters, which typically represents yelling.

- “@CDCgov The FLU has a HIGHER death rate than CORONA. WHY ARENT WE WEARING MASKS BECAUSE OF THE FLU?! I KNOW WHY!!! Because the Corona Virus is a H O A X” (Jul20, A)

Overall, this denial strategy demonstrates a callous approach to public health and a willful rejection of the reality that is the global Covid-19 pandemic.

“99% Survivable”

The second section of this subtheme deals with users that did in fact believe that Covid-19 exists, but stated that the survival rate is very high, implying that the rate of deaths was so minimal that it was not cause for concern.

- “@[username] @CDCgov There’s a 99.97 recovery rate don’t worry about it live your life” (Jul21, A)
- “@CDCgov 99% survivable” (Jul21, A)
- “@[username] @[username] @CDCgov Thank god it has a 99.7% survival rate.” (Jun20, C)

Others implied that the supposed high survival rate was evidence that the CDC and/or the government was using Covid-19 as a way to control people.

- “@CDCgov With a 97 percent survival rate no one need to be vaccinated, get your heads out of your asses! Total government control!” (Apr21, A)

- “@CDCgov The cdc has been consistently using its platform to control policy and freedoms for a 1% killer. It’s time to stop listening until they get their act together”
(Apr21, B)

Many people accused the CDC of fear mongering and told others that they should stop living in fear because of the high survival rate.

- “@[username] @[username] @CDCgov Stop living in fear. 9 seatbelts is better than one but I wear one because I’m ok with. 99.8% chance of survival” (Jul21, A)
- “@CDCgov @CDCMMWR Control tactics, fear mongering... Why not let people decide for themselves if they want to wear a mask.. the virus has a nearly 100% survival rate... it’s never been more than the common flu³, but they don’t treat until it’s too late for ppl with comorbidities. That’s murder!” (Feb21, A)
- “@CDCgov But it is no more dangerous. It still has a 99.9% survival rate. And cloth and surgical masks still don’t stop a virus. So why do you keep pushing this propaganda?”
(Aug21, A)

The exact survival rate of Covid-19 will fluctuate over time. For this reason, the variations of the survival rate listed in each of the above tweets makes sense. It is not the statistics that I am looking to question in including this section. Instead, what I find deserves further consideration is the idea that if only a small percentage of our population dies, this is not cause for concern. More than 300 million people live in the United States. If 1 million people die, that is around 0.3% of the population. Statistically, this number is very small. However, 1 million deaths from Covid-19 is arguably a tragically high number. Therefore, this section further demonstrates the callous attitude that Twitter users have towards the Covid-19 pandemic.

³ There were many people within the data that said that Covid-19 is the common flu or the common cold.

“Like Fighting Off A Cold”

The third technique that Twitter users deployed in order to deny reality and therefore minimize the pandemic’s severity was to report that they themselves had Covid-19 and they were fine. Some users reported that when they had Covid-19 they were only sick for several days.

- “@[username] @[username] @CDCgov Wrong, it’s 50/50 either way. I had covid-19 and it wasn’t as deadly as they claim to be. I was fine after 3 days. I even got stronger and I can lift more than [sic] before.” (Jul21, C)
- “@[username] @CDCgov I had it, was sick for 4 days, recovered and never been sick since, fuck your vaccine” (Mar21, A)

Others reported that their (or their children’s) symptoms were very mild.

- “@[username] @CDCgov @CDCMMWR I’m unvaxxed, caught covid, and sneezed a couple times and got a little tired. Give me covid over a hangover or stomach flu any day.” (Jul21, B)
- “@CDCgov Because @CDCgov doesn’t know, oh yeah that’s a good enough reason. My children had covid. Like fighting off a cold and not even a bad cold. There will not be a vaccine for them they have natural immunity.” (Mar21, A)

One user even inferred that they were going about their day as usual while sick with Covid-19.

- “@[username] @[username] @CDCgov @CDCMMWR Pretty much. Had the first round no problem, I’m sure I have the ‘Deadly Delta’ Sore throat, fatigue, coughing, coughing up phylem [sic] & blowing nose all the time. Been outside doing my daily work. First cold I’ve had for years. My immune system is working great, almost gone..” (Jul21, B).

This section of the denial subtheme shows that people use their own personal experiences with Covid-19 to help them determine how they should approach the pandemic more broadly, leading many to display a disregard for others.

The Minimization of Covid-19 Through Defiance

The next subtheme of the minimization theme deals with the response to CDC guidelines aimed at mitigating the spread of Covid-19. There are two sections within this subtheme: general defiance of the CDC, and defiance through calling those that follow the CDC's guidelines "sheep," implying that those that follow guidelines cannot think for themselves.

"I'll Do What the Fuck I Want!"

There were many who stated that they would not be following the CDC's guidelines. The users gave a variety of reasons for this decision, if they offered a reason at all. Many demonstrated their defiance through simply stating "No." and similar phrases in response to the CDC announcing or reminding the public about certain guidelines and mitigation efforts.

- "@CDCgov No thanks" (Jul21, A)
- "@CDCgov Nope" (May21, A)
- "@CDCgov Heck no!!!!" (Jun21, A)

Others revealed more explicitly their intention to ignore the CDC's guidelines.

- "@CDCgov Never stopped doing what I wanted to do. How about you but [sic] out of people's lives? Thank you" (Apr21, B)
- "@CDCgov Sorry, I do not listen to CDC orders. 🙄🙄🙄" (Aug21, A)

- “@CDCgov I’m not vaccinated, not wearing a mask, not social distancing, and most importantly not giving a flying shit what the CDC has to say about it...” (May21, A)

Others echoed this sentiment, but with much more emotionality.

- “@CDCgov I’ll do WHAT THE FUCK I WANT! [emoji] [emoji] How about that?” (Jun21, C)
- “@CDCgov THE COMMUNIST DICTORIAL CENTER⁴ CAN KISS MY ASS. I TRAVEL WHERE AND WHEN I WANT.” (Apr21, A)

Still others insisted that not only would they not follow guidelines, but that others should not follow them either.

- “@[username] @CDCgov STOP COMPLYING! Grow a set. Get a backbone. Stand up.” (Apr21, B)
- “@CDCgov They are lying to you, masks don’t work to stop this. This virus will continue to spread and so will their lies, their oppression, and their control. Do not comply.” (Jul21, A)
- “@CDCgov @CDCMMWR⁵ Folks...have you caught on yet? They’re making it up as they go along and want to see what draconian rules will stick. They want complete control. It’s time to step up and say no. Do not comply.” (Jul21, B)

Overall, this section further shows that the public’s approach to Covid-19 is largely apathetic and even combative at times.

⁴ Communist Dictorial Center=CDC. One might conclude that this user is trying to imply that the actual CDC is acting in similar fashion to how they believe a “communist dictator” might act. There was a total of 18 tweets throughout the data that mentioned communism. Most of these tweets, through a variety of techniques, implied that the CDC (or the U.S.) was acting in a “communist” way. A few even concluded that the U.S. government was trying to emulate China.

⁵A CDC-affiliated account. MMWR=Morbidity and Mortality Weekly Report.

“Keep Believing BS, Sheep”

Not only did users insist that the public not comply with the CDC guidelines, but many referred to those that were choosing to comply as “sheep,” which refers to someone that thoughtlessly follows trends without consideration for their consequences.

- “@[username] @CDCgov @[username] They never did, the sheeple just followed like the little sheep they are.” (Apr21, A)

Some used ableist language to further emphasize that they perceived people who follow the guidelines as having a low level of intelligence.

- “@[username] @CDCgov Why because I question things and not a cocksucking sheep tard like yourself.” (Jan21, A)
- “@[username] @CDCgov what an insane little sheep you are. [image of a meme that pictures Liam Neeson on the phone. The text states, “What? Will I accept an untested ‘vaccine’ that mysteriously appeared out of nowhere? That they won’t tell us the ingredients of? For a virus that has never been scientifically proven to even exist? Ahhh.....No..Fuck off”]” (Aug21, A)

Others indicated that they did not believe the CDC was telling the truth, and that those who believed the CDC were sheep.

- “@[username] @CDCgov Yeah righth [sic], people wearing mask and the cases ‘rising’ ,keep believing BS sheep.” (Dec20, C)
- “@CDCgov So many sheeple believing this face diaper nonsense. Makes me want to puke. Fear mongering based on pseudo science.” (Jul21, A)

Some Twitter users believed that the CDC guidelines (or some other aspect of Covid-19) were a way to control people, and that people who allowed themselves to be controlled (by following the guidelines) were sheep.

- “@CDCgov Y’all are funny it’s been proven the mask does more damage then [sic] good.the governments just taking more control little by little#sheep” (May21, A)
- “@CDCgov Spreading more fear. The governments way of controlling the sheep..” (Jul21, A)

Collectively, this subtheme indicates not only an apathetic attitude towards Covid-19, but a desire to shame and blame those that are following the CDC’s guidelines.

The Minimization of Covid-19 Through Indifference

The third subtheme of this chapter demonstrates indifference towards Covid-19. Users demonstrated indifference by claiming that death is simply an inevitable part of life, by stating that only certain groups of people will die and so the pandemic is not a serious situation, and by emphasizing the importance of returning to normal.

“When it’s Your Time, it’s Your Time”

The first way through which Twitter users showed indifference was by insisting that death is an inevitable part of life. This subtheme often overlapped with the first section: some users not only suggested that death was inevitable but also that Covid-19 didn’t exist.

- “@CDCgov Covid isn’t real...people get sick...people die circle of life...trust in god.” (Jul21, A)

- “@[username] @CDCgov people die every day. news flash. nobody is dying there or anywhere else because of a virus.” (Mar21, A)

Others seemed to believe that Covid-19 existed, but expressed frustration with the CDC’s guidelines, implying that they were willing to let people die if it meant that they didn’t, for example, need to wear a mask anymore.

- “@[username] @[username] @CDCgov Because we’re not wearing masks forever. Let people die no one cares anymore” (Jul21, A)

Many users used their existing knowledge of other illnesses, such as influenza and pneumonia, to interpret the risk and seriousness of Covid-19.

- “@CDCgov And how long are you covered with getting the vaccine? I’ll wait.....NOT sure? Well the same as having COVID, you don’t know. People need to get a grip, this is no different than the flu. People die from flu, pneumonia and other sickness, it’s life.” (Jun21, A)

Some used their ideas about inevitable death to reduce and dismiss the concerns of others.

- “@[username] @[username] @[username] @[username] @CDCgov can you imagine that tragedies happen every day. life is not a guarantee and our time is short here so quit being a little bitch and live it while you can. imagine that” (May21, A)
- “@CDCgov #FREETHEFACE. It doesn’t matter if you’re vaccinated or not you can still catch it. 8 baseball players did, and they are fully vaccinated. STOP THE MADNESS. WHEN ITS YOUR TIME. ITS YOUR TIME. SMH⁶” (May21, A)

Altogether, this subtheme builds on the first two to further demonstrate an unsympathetic approach to public health and mass death in the context of the global Covid-19 pandemic.

⁶ SMH=Shaking my head. It is used to express frustration or disappointment.

“Why Don’t All the Fat Unhealthy Go Quarantine?”

Twitter users also minimized the severity of Covid-19 by implying that only certain groups of people will die from Covid-19 (such as the immunocompromised or the elderly) and that therefore the situation is not serious.

- “@[username] @[username] @[username] @CDCgov And for that I give my condolences. However that doesn’t change the fact that this virus is exceptionally survivable for certain age groups. Most of the people who did not survive had either pre-existing conditions. I had it and got through it just fine and I’m asthmatic.” (May21, A)
- “@[username] @[username] @[username] @CDCgov @[username] The real number of people that actually died of covid and not underlying conditions is significantly lower.” (Jul21, A)
- “@[username] @[username] @CDCgov Survival rate ages 0-19 is 99.997%. Survival rate for ages 20-64 is 99.8%. 94% of deaths involved an underlying health condition.” (May21, A)

Others suggested that those that were not at high risk did not need to follow the CDC’s guidelines.

- “@[username] @CDCgov @CDCMMWR What’s next? A fishbowl over your head. If you’re healthy then say no to masks.” (Feb21, A)
- “@CDCgov I’m healthy so I don’t need to do any of those things.” (Jan21, A)
- “@CDCgov Aren’t the people who get sick immune compromised and elderly? When people wear masks for no reason, they are breathing in their own CO2 waste. How is that healthy? It is not in my opinion.” (May20, C)

Some people recognized that certain groups were at higher risk and showed a total disregard for the health and safety of these populations.

- “@CDCgov @CDCMMWR @CDCgov.. will people ‘at risk’ now.... EVER be not at risk? [emoji] [emoji] I can answer that for you. My brother has Muscular Dystrophy. [emoji] [emoji] #COVID19 is never going away. [emoji] [emoji] My brother will ALWAYS be at risk of dying from it. [emoji] [emoji] Sucks he’s ‘at risk’, but thats [sic] the hand he was dealt.” (Feb21, A)
- “@[username] @[username] @CDCgov ur [sic] afraid of covid u [sic] should lose weight den [sic]” (Jun21, A)
- “@[username] @CDCgov Been going well for me. Haven’t changed a thing. Had covid, was sick for a day and over a year later my antibodies are still just as strong. Why don’t all the fat unhealthy go quarantine?” (Mar21, A)

Still others suggested that because only those of certain groups were at high risk, the rest of the population could or should move on.

- “@CDCgov @RepTedLieu⁷ Deaths [sic] rates low 38 reported yesterday in CA with almost 40,000,000. ARE WE DONE? It is now time for people with comorbidity [sic] to take personal responsible [sic] and protect themselves. We have done what we can for the last year at great sacrifices including other kinds deaths.” (Jul21, A)
- “@[username] @[username] @CDCgov Deaths under 18 as of today is 330, not 500. Not that even 1,000 would statistically make a dent in the population of 331,000,000. And everyone that is dying has on average 3.6 comorbidities. Beyond time to let everyone do whatever they feel is best for them. No more mandates.” (Jul21, A)

⁷ Ted Lieu is the U.S. Representative of California’s 33rd District.

Collectively, this section exemplifies an individualist, survival-of-the-fittest sort of approach to Covid-19 that further supports the theme of minimization.

“The Cure Can’t Be Worse Than the Disease”

The last section of this subtheme explores the emphasis users placed on the importance of returning to “normal.”

- “@[username] Do they ever stop this ninsense [sic] and let us enjoy normal life 🤔”
(Jun21, A)
- “@CDCgov @CDCMMWR #letthemplay We need to get back to life. The cure can’t be worse than the disease.” (Nov20, B)
- “@CDCgov That’s too extreme. We need to be able to get back to normal life in no more than 1 month.” (Mar20, B)

Some users showed exasperation with the length of the pandemic.

- “@CDCgov @CDCMMWR Blah blah blah... the never ending pandemic. God I’m so sick of this crap!” (Jul21, B)
- “@CDCgov This pandemic is getting old really fast.” (Jul21, A)

Some even stated that it was time for the pandemic to be over.

- “@CDCgov Covid is over. GFY⁸” (Jul21, C)
- “@[username] @[username] @[username] @CDCgov I did what the CDC said and got fully vaccinated in the hope of returning to normalcy. Are we all supposed to live behind masks or in isolation indefinitely? At some point we will have to learn how to live with COVID without shutting down society.” (Jul21, A)

⁸ GFY=Go Fuck Yourself. It is used to express anger or frustration.

- “[@username] @CDCgov Why not just move on already? The numbers are never going to be zero for infections. Like the common cold or the annual flu, it is here to stay. Those that are going to get vaccinated probably already have been. So get on with life.” (Jul21, A)

Altogether, this subtheme suggests that Twitter users are not only unsympathetic towards mass death, but that mitigation efforts are not seen as valuable or necessary to much of the public.

Through the subthemes of denial, defiance, and indifference, I have explored the narrative of the minimization of Covid-19 in Twitter discourse. I have demonstrated that Twitter users display a profound level of apathy towards the health and safety of others, especially the most vulnerable. I will now discuss how this is evidence of the individualization of health in the United States, and some of the implications of this individualization.

Discussion

Because Covid-19 is an air-borne, communicable disease, our actions affect others’ risk of catching it. What we do to mitigate our own risk of catching and spreading Covid-19 affects the risk of others. If we do not wear a mask, we increase the risk of everyone we come into contact with while not wearing a mask. In short, our health is a collective issue. However, capitalism positions the health of the individual above the collective. When we individualize health, we do not take the health of those around us into consideration. This leads to, for example, people going to the gym without a mask, risking getting and spreading Covid-19 to others, being seen as a healthy behavior because for the individual, exercising is a morally good and healthy choice. The risk that it poses to others who then may come into contact with the person who went to the gym without a mask is disregarded.

Health is more complicated than making individual choices. In fact, one's zip code is a much better predictor of one's health outcomes than many other factors that we believe can be controlled by choice, such as our diet (Morgan 2019). Health is significantly impacted by our experiences of systemic oppression and trauma, our environment, our access to health care and fresh food, and our genetics. No amount of "healthy choices" can change that. Our cultural understanding of health as a summation of the choices we make erases that health is a systemic issue, and that health is largely out of our control, especially for the proletariat under capitalism. (Whereas, the bourgeoisie have more freedom to control their environment, have more access to health care and food, are less traumatized by capitalism, etc.) However, the individualization of health leads us to believe that people who have poor health are at fault for making the wrong choices. This leads us to a "state of *chronic acceptance* that some have poorer health than others" (Sandset 2021:1412). If we accept that some have poor health, then we are relieved of our collective responsibility to ensure the health of our communities. Under capitalism, individualist narratives suggest that we are responsible for our own health, but not those around us. We have individualized health to the extreme.

In *Calling the Shots* (2016), Reich discusses how the parents that choose to not vaccinate their children are "free-riding" off of the herd immunity that the vaccinated vast majority of people create. Similarly, those who choose to not take Covid-19 precautions like wearing a mask, getting vaccinated, or avoiding crowds are partially protected by those that *are* taking precautions, yet they themselves are not contributing to the collective effort to stop the spread of Covid-19. In fact, in all likelihood, they are making it worse by potentially catching and spreading the virus. Furthermore, minimizing Covid-19 indicates a certain level of privilege. Just as Reich observed in relation to vaccinations, those at most risk for Covid-19 are those with

access to the least amount of resources. For example, according to a study conducted by a University of South Florida research team, working class Americans died at five times the rate of those in higher socioeconomic classes in the first year of the Covid-19 pandemic (Ogozalek 2022). Those with the privilege to work from home, those with the privilege of having their own space to quarantine, those with the best access to healthcare, yet choose to not take Covid-19 precautions, are ultimately risking the lives of others who may not have the same access to resources.

The individualization of health rests partially on what Sandset refers to as “a state of *chronic acceptance* that some have poorer health than others” (2021:1412). If health is purely the responsibility of the individual, then others’ health is not our concern. Those in poor health are not our responsibility. Sandset argues that this state of chronic acceptance leads to “conditions of slow death and necropolitical outcomes” (2021:1411).

Drawing on Foucault’s notion of biopolitics, Achille Mbembe’s essay, *Necropolitics*, begins by stating that, “the ultimate expression of sovereignty resides, to a large degree, in the power and the capacity to dictate who may live and who *must* die” (2003:11, emphasis added). Mbembe calls this necropower, which he argues is now a more accurate conception of state power than biopower. As Valencia describes, “In the contemporary era, death emerges as the nucleus of biopolitics, which transforms it into necropolitics” (2018:132). Mbembe goes on to define what he terms, “death worlds,” which are, “new and unique forms of social existence in which vast populations are subjected to conditions of life conferring upon them the status of *living dead*” (2003:40). This theory has been applied largely to more “obvious” forms of violence: the Nazi state, apartheid South Africa, etc. However, as Sandset argues, necropolitics is also useful in conceptualizing the realities of the global Covid-19 pandemic. To better couch his

argument, Sandset brings into the conversation Nixon's (2011) concept of "slow violence," which Nixon defines as, "a violence that occurs gradually and out of sight, a violence of delayed destruction that is dispersed across time and space, an attritional violence that is typically not viewed as violence at all" (2011:2). On slow violence, Sandset explains, "slow violence focuses much more on the gradual, the less visible and dispersed forms of violence" (2021:1414). This concept is useful in thinking about the minimization narrative. My argument is that the minimization narrative, and the individualization of health more broadly, leads to conditions of slow violence and, ultimately, necropolitical outcomes.

While necropower typically refers to the *state's* ability to determine "who may live and who must die," power is discursive. Outlining the contributions of Foucault, Crawley and Broad state, "power is the deployment of discourse" (2007:547, emphasis removed). And further, as Foucault explains in *Power/Knowledge*,

Power must be analysed as something which circulates...It is never localised here or there...Power is employed and exercised through a net-like organization. And not only do individuals circulate between its threads; they are always in the position of simultaneously undergoing and exercising power" (1980:98).

The public discourse that exhibits the minimization of Covid-19 is deploying a necropolitical discourse that contributes to the conditions of slow violence and death worlds. Foucault states, "it is in discourse that power and knowledge are joined together" (1978:100). It is through the minimization discourse that the "chronic acceptance that some have poorer health than others" becomes common sense knowledge, and therefore through discourse that necropolitical power is deployed. Through the power of discourse, the elderly, the disabled, the proletariat, the multiply marginalized are subjected to conditions that confer upon them the status of *living dead*. They

are not only told that their lives, their health, their safety don't matter, but they are *shown* that this is true. They are existing in a death world.

Paradoxically, in this instance, individuals may feel they are taking power by responding to the CDC with individualist discourse, a kind of necropolitical power that Mbembe relegates to the state, not individuals. Because the minimization narrative is being deployed by individuals here, these individuals may be contributing to a discourse that creates necropolitical outcomes for themselves (i.e., they may in fact be members of the groups most affected by the slow violence of the individualization of health: the elderly, the disabled, the proletariat, etc.). In order to understand how this could be, it is useful to incorporate Gramsci's theory of hegemony, which I will detail below.

In the *Communist Manifesto* Marx wrote, "The ruling ideas of each age have ever been the ideas of its ruling class" (1969:25). Similarly, the Italian political leader and theorist, Antonio Gramsci, wrote, "The foundation of a directive class (i.e., of a state) is equivalent to the creation of a *Weltanschauung*," a worldview (1999:711). In Gramsci's theory of hegemony, Bates outlines, "The basic premise of the theory of hegemony is one with which few would disagree: that man is not ruled by force alone, but also by ideas" (1975:351). In Marxist thought, society consists of a base (the modes of production) and the superstructure (politics, laws, religion, education, ideology, etc.). The superstructure is dependent on the base, and the base is influenced by the superstructure. Gramsci built upon Marx's conception of the base and superstructure. He divided the superstructure into two parts: political society (the police, the military, the government, etc.) and civil society (religion, education, the media, etc.). Bates explains that civil society is "the marketplace of ideas" (1975:353). It is here where, more specifically, Gramsci's theory of hegemony, "involves subduing and co-opting dissenting voices through subtle

dissemination of the dominant group's perspective as universal and natural, to the point where the dominant beliefs and practices become an intractable component of common sense" (Litowitz 2000:515). Essentially, the proletariat would likely not accept their exploitation under capitalism if it were not for civil society, if it were not for hegemony. The bourgeoisie's ideas and values become common sense through hegemony, and the conditions of capitalism become therefore accepted as simply the way things are. The people's ideas, then, are largely a reflection of the ruling class's ideas, and can never be fully separated from them, as they are influenced by civil society. Thus, it is through the incorporation of capitalism into the proletariat's common sense that the individualization of health becomes normalized and therefore, leads to the minimization of Covid-19. Capitalism generates death worlds and then, through hegemonic discourses of individualism, the proletariat contribute to the construction of the death world that they find themselves in.

CONCLUSION

On February 26, 2020, President Trump stated that there were currently 15 cases of Covid-19 and that “the 15 within a couple of days is going to be down close to zero” (Wolfe and Dale 2020). While many were skeptical of this statement, few predicted that two years later the pandemic would still upend our lives so significantly. Not only have over a million died in the United States alone, but more variants continue to emerge which will ultimately lead to more deaths. Throughout this massive health, social, and economic crisis has been an expectation that we proceed with life as normal. For over two years, the CDC has taken many significant steps to attempt to curtail the spread of the virus, yet my data demonstrate that there was much public resistance to those measures. Further, while temporary governmental measures like cancelling large events, requiring masks, and moving schools to virtual mitigated some spread, most of these measures have now been eliminated. With the public health phase of the pandemic seemingly concluded, Americans are (as of this writing) on their own when it comes to preventing the spread of Covid-19. This leaves the most vulnerable, especially the immunocompromised, in a dangerous predicament.

In the conclusion to *Calling the Shots*, Reich asks “What do we owe each other?” While this is an important question to consider, I would like to take it a step further and ask, “Under what circumstances might we find that our collective health is worth contributing to and caring about?” Narratives of individualism that are rampant within U.S. capitalism alienate us from each other. These narratives lead to the prioritization of the health of the individual over the collective health of our communities. Regardless of state responses in the U.S., American

individualism and our valuing of the “freedom” to make “choices” above all else—based in capitalism—is at least partially to blame for the continued spread of Covid-19.

In this thesis, I have reviewed 1) how narratives are meaningful, 2) how narratives within science are important to study and understand, 3) how, under capitalism, discourses of health focus on individualism and 4) how, therefore, narratives about the pursuit of health are articulated as the pursuit of the individual’s, not the public’s, health. I then demonstrated that there is a circulating narrative in public discourse on Twitter that minimizes the severity of the Covid-19 pandemic. I argued that this narrative is evidence of the individualization of health under capitalism in the United States, and finally, I discussed how necropolitical power is deployed through this minimization discourse, creating the conditions of slow violence and death worlds for the most vulnerable.

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APPENDIX A:

THE CDC’S TWEETS ABOUT COVID-19




Month, Year	Letter	Tweet
Jan., 2020	A	What are the symptoms of 2019 Novel Coronavirus (#2019nCoV)? How does the virus spread? Learn the answers to frequently asked questions here: https://t.co/0ElbjEVIYh . #FAQ https://t.co/dAdUno2jx0
	B	The CDC, under statutory authority of the Health and Human Services (HHS) Secretary, has issued federal quarantine orders to all 195 United States citizens who repatriated to the U.S. on January 29, 2020. The quarantine will last 14 days from when the plane left Wuhan, China.
	C	The first human infection with new #coronavirus (#2019-nCoV) has been reported in the US in a person who recently traveled to Wuhan, China. Additional cases in travelers have been reported in Thailand, Japan, and The Republic of Korea. https://t.co/bbH7gGPuyh https://t.co/cGvFc4DYDZ
Feb., 2020	A	There is currently no reported community spread of #COVID19 in the US. People should follow everyday measures to prevent the spread of respiratory viruses, such as staying home when sick and washing hands with soap and water. Stay informed; visit https://t.co/1ifchVyxUM .
	B	What are five things you need to know about novel (new) #coronavirus? Watch as @DrNancyM_CDC answers important questions in this video. Stay updated with the latest information on #COVID19 at https://t.co/inSgagrDeE . https://t.co/Wp2XJ9Vwmz
	C	CDC does not currently recommend the use of facemasks to help prevent novel #coronavirus. Take everyday preventive actions, like staying home when you are sick and washing hands with soap and water, to help slow the spread of respiratory illness. #COVID19 https://t.co/uArGZTJhXj https://t.co/yzWTSgt2IV
Mar., 2020	A	As of March 9, 78 state and local public health labs across 50 states now have the capacity to test up to 75,000 people for #COVID19. State/local public health staff determine which specimens should be tested. See updated interim testing guidance: https://t.co/tLIlhG9oGS .
	B	New: Starting immediately and for the next 8 weeks, CDC recommends cancelling all events of 50 or more people. Full recommendation here: https://t.co/LrjUt4rl7B #COVID19 https://t.co/OroIqhTYJo

	C	Practice social distancing by putting space between yourself and others. Continue to practice healthy habits, like washing your hands for at least 20 seconds and staying home if you're sick, to help slow the spread of #COVID19. Learn more: https://t.co/RhqzGyUzcH https://t.co/CDFHhxzs8
Apr., 2020	A	#DYK? CDC's recommendation on wearing a cloth face covering may help protect the most vulnerable from #COVID19. Watch @Surgeon_General Jerome Adams make a face covering in a few easy steps. https://t.co/bihJ3xEM15 https://t.co/mE7Tf6y3MK
	B	States, tribal, local, & territorial officials: Resources are available to help quickly identify new #COVID19 cases, break chains of transmission, and protect first responders and healthcare workers from infection. https://t.co/9GuA4VA7sy https://t.co/0JOUfi9908
	C	As of April 1, 46 US states and 1 US territory report some community spread of #coronavirus (COVID-19). Of those, 25 states report #COVID19 cases are "widespread." Stay at home and practice social distancing. For info on your state, see https://t.co/MCP09UDSPe . https://t.co/zayPIoEjS1
May, 2020	A	If you must travel, take these steps to protect yourself & others from #COVID19 during your trip. https://t.co/6cRDamNVUV https://t.co/LgSftMJuHv
	B	Updated on May 6: Reported U.S. cases of #COVID19 total close to 1.2 million, with 21 states reporting more than 10,000 COVID-19 cases. County-level data and number of new cases by day are now available. Visit https://t.co/wiuFBKR3Uh https://t.co/5MozKHPF38
	C	When you wear a cloth face covering, you help protect those around you from #COVID19. Help keep each other safe by continuing to properly wear cloth face coverings every time, the entire time you're in public. Learn more: https://t.co/lxWMe4NUBD . https://t.co/hrWqoPFW4V
Jun., 2020	A	As of June 23: More than 2.3 million #COVID19 cases have been reported in the U.S., with 40 states and jurisdictions reporting more than 10,000 cases. See how many cases have been reported in your state or county here: https://t.co/wiuFBKR3Uh https://t.co/UbfeLUs06m
	B	As of June 9: Almost 2 million #COVID19 cases have been reported in the U.S., with 37 states and jurisdictions reporting more than 10,000 cases. Continue to slow the spread by wearing a cloth face covering and washing your hands often. https://t.co/wiuFBKR3Uh https://t.co/aejD1WDyGL
	C	#Employers: Antibody tests for #COVID19 should not be used to determine if someone can return to work. There is not enough information yet to say whether someone will be immune and

		protected from reinfection if they have antibodies to the virus. More: https://t.co/WECEU7TLdf https://t.co/UOAaUyyWqr
Jul., 2020	A	As of July 7: Almost 3 million #COVID19 cases have been reported in the United States. The number of cases continue to increase with larger increases in the Southeast, Southwest, and West Coast. See how many cases have been reported in your state: https://t.co/wiuFBKR3Uh https://t.co/BwpEB4HWPJ
	B	As of July 14: In the last 7 days, #COVID19 cases increased nationally with 3 states each reporting more than 50,000 new cases. Help slow the spread by taking steps like wearing cloth face coverings. See more COVID-19 data here: https://t.co/4Ku7nKLZCq https://t.co/x4fmcabcc
	C	As of July 21: In the last 7 days, #COVID19 cases increased in the US. Ten states reported more than 10,000 new cases w/ 3 states each reporting more than 60,000 new cases. Wear face coverings. Stay 6 feet away from others & wash your hands. See more data: https://t.co/4Ku7nKLZCq https://t.co/0QDOewhbbw
Aug., 2020	A	Although the number of #COVID19 cases in most states continued to decline over the last 7 days, COVID-19 is widespread in many areas, especially the South & West. As of Aug. 25, the US reported nearly 1,000 deaths a day over the last week. See more data: https://t.co/441ntP6EUZ . https://t.co/HvW3SFqa11
	B	Although the number of #COVID19 cases in most states continued to decline over the last 7 days, the rate of decline is slowing. COVID-19 is widespread in many areas & 6 states reported over 10k new cases. Wear a mask, stay 6 ft from others & wash your hands. https://t.co/QIbgGgcZ2X
	C	Masks can help prevent the spread of #COVID19 when they are widely used in public. When you wear a mask, you can help protect those around you. When others wear one, they can help protect people around them, incl. you. https://t.co/jkWwZTfWSS #WearAMask #DoYourPart #WorldMaskWeek https://t.co/O7FckRf1ks
Sep., 2020	A	#COVID19 cases declined in most states in the last 7 days, but COVID-19 is widespread in many areas, particularly in the upper Great Plains, Midwest, and South. Six states reported over 10,000 new cases in the last week. See more data: https://t.co/CEclDa6Hb . https://t.co/564xEJy0BO
	B	Although #COVID19 cases in many states declined over the last 7 days, daily cases are now increasing in some states, particularly in the upper Great Plains, Midwest, and South. Wear a mask. Stay 6 ft from others. Wash your hands. See more data: https://t.co/4Ku7nKLZCq https://t.co/3mVOhU0nqA
	C	#COVID19 cases have increased in recent weeks. 22 states and territories reported that cases are trending upward. Take steps to slow the spread. Wear a mask, stay 6 feet from others & wash your

		hands. Learn more. https://t.co/CEcelDa6Hb https://t.co/YqkbBZLuxx
Oct., 2020	A	A new @CDCMMWR estimates since January 2020, 299,000 more people have died than the typical number during the same weeks in previous years. At least 2 out of 3 excess deaths were attributed to #COVID19. Learn more: https://t.co/fg4W6u4e3C . https://t.co/i9TDxrBrTV
	B	In the past week, there were over 300,000 new #COVID19 cases reported, with 7 states reporting more than 10,000 new cases each. Help slow the spread. Wear a mask. Stay 6 feet apart. Wash your hands. See more data: https://t.co/1nMYQAjpSq . https://t.co/g0gdtTnUeq
	C	As of October 25, #COVID19 cases continue to increase nationwide. Average daily cases in the previous 7-days increased 26% from the previous 7 days. Help slow the spread: Wear a mask, wash your hands, and stay 6 feet apart. Learn more: https://t.co/1nMYQAjpSq https://t.co/N3pkiB1ckj
Nov., 2020	A	JUST WEAR THE MASK. Cover your mouth AND nose. Stay 6 feet from others. Wash your hands. Stay home if you can. #COVID19 cases are rising fast. If we don't act together and do what we can to slow the spread, thousands more could die. Get the facts: https://t.co/DmfPOAPMjW . https://t.co/i6ggvfcnBD
	B	New @CDCMMWR suggests that the #COVID19 pandemic may be negatively impacting children's mental health. The proportion of emergency room visits for mental health concerns in children & adolescents increased substantially this past Mar.-Oct. Read the report: https://t.co/9FyLoCzrza https://t.co/flXMIZg7KK
	C	#COVID19 cases are rising rapidly in many parts of the U.S. This pandemic is not over. But if we all do our part, it can be. Here's what you can do: #WearAMask over your mouth AND nose. Stay 6□ft from others. 🧤 Wash your hands. 🏠 Stay home if you can. https://t.co/DmfPOAPMjW https://t.co/kEhhQtXIOl
Dec., 2020	A	Until every person in the U.S. can get a COVID-19 vaccine, continue to wear a mask, keep at least 6 feet between yourself and others, avoid crowds, and wash your hands often. Learn more about who should get vaccinated first while supplies are limited: https://t.co/ifJLIRKU2c .
	B	Pregnant? You may discuss #COVID19 vaccines with your doctor, but it's not required before vaccination. While studies have not yet been done, experts believe mRNA vaccines like COVID-19 vaccines

		are unlikely to pose a risk for #pregnant people. More: https://t.co/pBVII6STf8 . https://t.co/N2o76U4L4T
	C	Masking is a two-way street. Masks help protect you, in case someone around you has #COVID19. Masks also help protect others, in case you have COVID-19 but don't know it. #WearAMask to #SlowTheSpread. Learn more: https://t.co/jkWwZTxyhs . https://t.co/51g0zgT3Pk
Jan., 2021	A	As more #COVID19 vaccine becomes available, more groups of people will be able to get vaccinated. Even after getting vaccinated, continue to #WearAMask over your nose and mouth, stay 6 feet from others, avoid crowds, and wash your hands. More: https://t.co/AKnOrVkuRI . #SleeveUp https://t.co/GcSvRyYdbw
	B	If you've had #COVID19, you may have some natural protection, or immunity, from the virus, but we don't know how long that lasts. Getting a COVID-19 vaccine can help you build immunity without risking getting sick, severe illness, even death. More: https://t.co/KL3fJrcjsG . https://t.co/ccTl8UctrJ
	C	CDC has issued an order requiring everyone to wear a mask while traveling on public transportation into or within the US (including airplanes, ships, ferries, trains, subways, buses, taxis, ride-shares). Wearing a mask reduces the spread of #COVID19. More: https://t.co/bpOhIx8xbS https://t.co/AbBtmEejWV
Feb., 2021	A	In lab tests with dummies, exposure to potentially infectious aerosols decreased by about 95% when they both wore tightly fitted masks, a new @CDCMMWR finds. #WearAMask that fits tightly to your face to stop the spread of #COVID19. More: https://t.co/gi3OLBCnWi . https://t.co/Jt55LUECER
	B	#NEW: Wearing two masks can improve fit & give you better protection from #COVID19. Wear a disposable mask under a cloth mask. Learn more: https://t.co/rjQXPVTs5O . https://t.co/VXIZQwUvGN
	C	A new @CDCMMWR shows that statewide mask mandates may contribute to declines in #COVID19 hospitalization growth rates among people aged 18-64. By wearing a mask consistently and correctly, we can protect ourselves and each other. Learn more: https://t.co/0ahTv5hmIy . https://t.co/T9mIxEZR2L
Mar., 2021	A	#VaxFact: You should still get a #COVID19 vaccine even if you've already had COVID-19. Experts don't know how long you're protected from COVID-19 after you recover. More vaccine facts: https://t.co/c3T9VAF5Ce . https://t.co/xFGU6l1CuV

	B	Celebrate #Easter this year with people you live with, virtually, or outside while staying 6 feet apart. Enjoy Easter dinner & egg hunts with the people you live with to protect yourself & others from #COVID19. More: https://t.co/PamSx6NqyB .
	C	When you're fully vaccinated for #COVID19, you can start doing some things again, like gathering indoors w/ other fully vaccinated people. Still protect yourself & others in public places - wear a mask, stay at least 6ft apart, & avoid crowds. More: https://t.co/FJMon7WIFO . https://t.co/oXu2Ref3Fn
Apr., 2021	A	People fully vaccinated against #COVID19 can travel within the United States and do not need COVID-19 testing or post-travel self-quarantine as long as they continue to take precautions while traveling: #WearAMask, avoid crowds, and wash hands frequently. https://t.co/9uzBuFZyWE https://t.co/C7V8Ip0jJv
	B	If you are fully vaccinated against #COVID19, you can start doing many things that you had stopped doing because of the pandemic. If you haven't been vaccinated yet, get a vaccine as soon as you can. See full details: https://t.co/s5kXwg65fB https://t.co/fvhehUiiCi
	C	Getting a COVID-19 vaccine is an important tool to help stop the pandemic. More on how viral vector #COVID19 vaccines work: https://t.co/DhQ1VfmTNR . https://t.co/P4JdeRJVct
May, 2021	A	UPDATE: If you are fully vaccinated against #COVID19, you can resume activities without wearing a mask or staying 6 feet apart, except where required by federal, state, local, tribal or territorial laws, incl. local business and workplace guidance. More: https://t.co/FJMon7WIFO
	B	More than 60% of American adults have received their first #COVID19 vaccine. Do your part to help defeat this virus so we can get back to spending time with the ones we love. #WeCanDoThis  Search https://t.co/2akiUZiFiL  Text your ZIP code to 438829  Call 1-800-232-0233 https://t.co/yHsuPCShEX
	C	If you are not fully vaccinated for #COVID19, celebrate with people who live with you, have a virtual meal with family, or host an outdoor event with everyone at least 6 feet apart & wearing masks. More: https://t.co/PamSx6NqyB . https://t.co/SzdBbAXpye
Jun., 2021	A	If you've already had #COVID19 and recovered, you should still get vaccinated against COVID-19.
	B	True! Experts do not yet know how long you are protected from getting sick again after recovering from #COVID19. Get your COVID-19 vaccine as soon as you can. Learn more: https://t.co/mUsXpasZ4S . https://t.co/PhOAOshie5
	C	Father's Day is a special time for many families. People who are fully vaccinated against #COVID19 can celebrate the day inside or outside without wearing masks and staying 6 feet apart. Learn more: https://t.co/FC2Js66xnt . https://t.co/DaJFjDs2jn

Jul., 2021	A	#DeltaVariant surging in U.S. New data show Delta much more contagious than previous versions of #COVID19. Unvaccinated people: get vaccinated & mask until you do. Everyone in areas of substantial/high transmission should wear a mask, even if vaccinated. https://t.co/tt49zOEC8N
	B	New @CDCMMWR finds Delta variant causes vaccine breakthrough infections. Jurisdictions might consider expanded prevention strategies, including masking in indoor public areas, particularly for large public gatherings that include travelers from many areas. https://t.co/Q8d9kmQ4Mj https://t.co/aTR6bKTWER
	C	#Parents: Keep children from getting or spreading #COVID19 at child care. Keep them home if sick. If they are 2 & older & not vaccinated against COVID-19, they should wear a fitted mask over their mouth & nose while indoors & in crowded outdoor spaces. https://t.co/xyXc959VbQ . https://t.co/aucd0iiHcO
Aug., 2021	A	The #DeltaVariant is more dangerous than other variants of the virus that causes #COVID19. Get vaccinated as soon as you can. If you're in an area of substantial or high transmission, wear a mask indoors in public, even if you're fully vaccinated. More: https://t.co/vwRERgaGg9 .
	B	CDC has accepted ACIP's recommendation that people who are moderately to severely immunocompromised get an additional dose of mRNA #COVID19 vaccine (Pfizer-BioNTech or Moderna). If you're immunocompromised, talk to your doctor/healthcare provider. More: https://t.co/Iq5JmSoATe .
	C	COMIRNATY/Pfizer-BioNTech #COVID19 vaccine received full @US_FDA approval. It's safe and effective at helping prevent severe illness, hospitalization & death from COVID-19, including the #DeltaVariant. If you've been waiting to get vaccinated, do it today: https://t.co/2akIUZ14Rd https://t.co/nsBxAGP3nG