

MARCH 2021



GLOBAL RUMOUR BULLETIN #3

MISINFORMED MESSENGERS: HEALTHCARE WORKERS AS AN UNEXPECTED SOURCE OF RUMOURS IN THE PANDEMIC

This report analyses COVID-19-related rumours generated by healthcare workers circulating in seven countries impacted by humanitarian crisis between October 2020 and February 2021, and then provides recommended actions for humanitarian, health and media organizations to improve risk communication efforts and disseminate more accurate and actionable information that responds to community questions and concerns.

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INTRODUCTION

The COVID-19 pandemic has put an unprecedented amount of strain on local health systems and health workers.

There is no question that health workers are central in our efforts to combat this virus. They are central in delivering lifesaving treatment and will play a central role in the distribution of vaccines that aim to curb the spread. But health workers are also vital sources of trusted health information.

We researched trusted information providers in seven humanitarian contexts and it is no surprise that health workers - especially those close to the community - were consistently among the most trusted providers of health information.

But, in a fast-moving pandemic, where COVID-19 science is evolving - fast - with new findings and insights, this presents challenges.

When questions arise faster than science can answer them, it is particularly tough for health workers who need to find the language and tone to effectively communicate this to their communities. They are expected to be experts on a virus that the world is yet to thoroughly understand.

In this, our third bulletin, we look at where this challenge can lead to the spread of information. When high levels of trust and a lack of access to accurate information collide, health workers can themselves be the source of misinformation within the community.

This is not intended to be an attack on health workers. While we do detail some cases where health workers have been the intentional source of disinformation and malinformation for personal or political gain, the majority of misinformation is shared from a genuine attempt to support their community. But a call to ensure that they are fully integrated into our risk communication approaches, supported with training, and resources to ensure they can support the communities they serve with the accurate information they crave.

At the end of this bulletin, we offer some humble suggestions of how we feel health workers could be better supported as a trusted and trustworthy information provider in this crisis.

If you have other suggestions, or you would like to discuss any of our findings in this bulletin, let's talk.

This is our third Global Rumour Bulletin, created as part of the **Rooted in Trust (RiT) project**. These bulletins draw on the collective analysis of more than 19,752 rumours from seven project countries: Afghanistan, Lebanon, Philippines, Colombia, Central African Republic, Mali, and Sudan.

This project is generously funded by the USAID Bureau of Humanitarian Affairs to collect and analyze rumours and misperceptions related to the pandemic and to support humanitarian and media communicators to respond.

We work in 12 local languages and collect data across seven major social media platforms and a wide range of feedback collection channels, including door-to-door surveys, informal meetings, assessments, community meetings, listening groups, SMS, and radio call-in shows.



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GLOBAL TRENDS

Between October 2020 and February 2021, the Rooted in Trust team has tracked a total of 706 rumours posted by healthcare workers with a reach of 52 million followers, 528 thousand reactions, 25 thousand comments and 111 thousand shares. During this period, for every rumour a healthcare worker posts on social media, we tracked an average of 99 thousand followers, 774 reactions, 115 comments, and 1,136 shares per post.

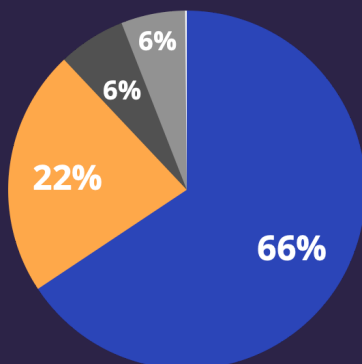
Over half of the social media rumours collected from healthcare workers were posted in Afghanistan (54%) and over one third were posted in Lebanon (34%). For the remaining RiT countries the breakdown of rumours tracked by country is as follows: Sudan (9%), Colombia - Narino (2%), and Philippines - BARMM (0%).

In Afghanistan, Lebanon, and Sudan, our data indicates that people are following and reacting to COVID-19-related rumour content posted by healthcare workers two to three times more on average compared to similar content posted by other groups, such as politicians, influencers and people self-identifying as COVID-19 cases. Although we have not identified any general trends that healthcare workers are acting as primary sources of misinformation globally, our social media data suggests that in these three contexts they are having a pronounced influence on public perceptions, attitudes and behaviors.

The high-level engagement with COVID-19 misinformation and perceptions shared by healthcare workers is not surprising. Doctors are especially venerated within their families, social circles and communities and act a source of healing to the public.

Percentage of health worker rumours posted by social media platform

- Facebook
- Twitter
- WhatsApp
- Instagram
- Telegram



What are health workers saying?

AFGHANISTAN: COVID-19 is a global conspiracy led by western governments



“Corona is just a global political game of imperialism”



150 Comments



2.7k Reactions



31 Shares

LEBANON: Doctors Reject Vaccine



“All free and honorable doctors warn of the new vaccine”



32 Comments

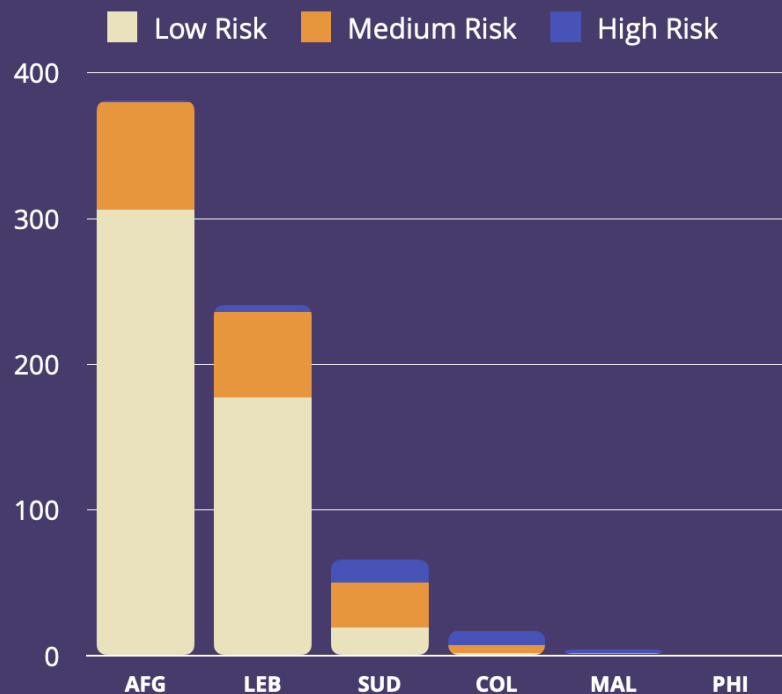


520 Reactions



345 Shares

Number of health worker rumours tracked by country between Oct '20 and Feb '21 marked by risk assesment level



GLOBAL TRENDS

As long as access to healthcare continues to be a common concern during the pandemic, more and more people have tuned into what doctors and healthcare professionals are posting online as a source for medical advice and support. Therefore, the interactivity with social media posts created by healthcare workers is not coincidental as they offer a much-needed alternative to an under-resourced health system.

We have also seen a wide range of professionals in the medical community generating rumour content, ranging from doctors venting on social media about working conditions, shortages in drugs and medical supplies, or hospitals overburdened by COVID-19 patients to nutritionists and dermatologists weighing in with their perspective on alternative treatment options using herbs, spices, off-the-shelf products, and natural remedies. These types of rumours mirror other posts generated by non-medical social media users who respond to people hungry for treatment and preventative information, especially those desperate to find a hospital bed or a health facility that will care for their infected loved ones.

More broadly, trending themes we have seen healthcare workers post across the globe are related to mistrust in the healthcare system, mistreatment claims, a lack of staff capacity and proper equipment in hospitals, quality of care issues, questions related to case counts and skepticism of the national response planning strategies. Other major rumour themes, which the Rooted in Trust team has explored in previous global rumour bulletins, but that continue to emerge within the medical community as well, is the notion that COVID-19 is a hoax or conspiracy theory created by governments or political groups to maintain power.

Intentions behind posting rumours are often rooted in a healthcare workers level of personal involvement with their patients and difficult personal experiences working in emergency healthcare settings where they fall short and people with COVID-19 pass away. As a result of this frustration and lack of support/resources, they also turn to social media to express their views in both positive and negative ways because of their sense of personal commitment to the community and their patients.

People then interpret their posts (whether its a hard case of misinformation or not) in different ways and it fuels more rumours. We have found healthcare professionals are just as eager to post and share information online, especially when there is a gap in public health information related to access to healthcare, access to vaccinations, and where stories of tragedy and loss are prevalent.

Generally, our findings indicate that social media content carries a significant weight when shared by a healthcare professional online, whose role is to heal and care for the sick. People are likely to find healthcare workers social media content very appealing, valuable, and wholly believable, as they reveal the struggle of wanting to care for patients, while operating within what broadly appears to be overstretched healthcare systems with limited experience and capacity in treating a novel virus.





CASE STUDY #1: AFGHANISTAN

A VOID OF VACCINE INFORMATION

In Afghanistan, Internews data suggests that health care workers were the second most trusted information source after friends and family. Literacy levels and internet penetration levels in Afghanistan are very low, which reduces the access to varied information sources for a large proportion of the population. As a result, rumours spread by healthcare workers are more likely to be trusted within Afghan communities, potentially undermining local and national efforts to contain the virus.

Since the beginning of October 2020, Internews collected 1,152 rumours in Afghanistan that were spread on social media. Of those rumours, over one-third (409 rumours, 36%) were posted by healthcare workers through different platforms such as Facebook (80% of rumours posted), Instagram (10%) and Twitter (9%).

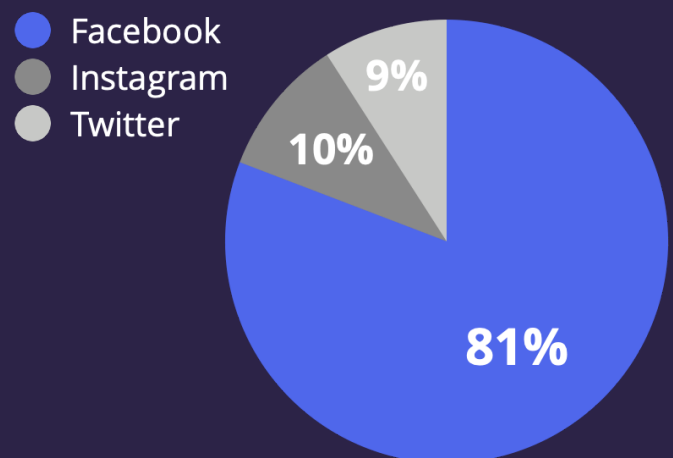
The main themes of rumours spread by health workers have shifted over time. Rumours about COVID-19 vaccines have become the most common rumour theme covered by healthcare professionals on social media in recent months (January and February 2021), consistent with the progressive rollout of COVID-19 vaccines around the globe and efforts of the Afghan government to implement first vaccination programs early 2021. The vaccine-related rumours covered topics around its safety and impact, with the vast majority of them suggesting that the vaccine is not safe and potentially deadly, prompting people not to get vaccinated.

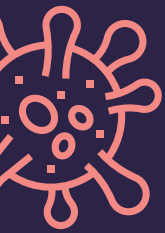
According to the analysis of Internews staff on the ground, these opinions are in line with a general mistrust in the safety and efficiency of other vaccines, too. For example, polio vaccines are broadly considered to be inefficient and dangerous by community members, due to the lack of trust in the healthcare infrastructure, such as the ability of the facilities to comply with proper storage regulations, especially in remote provinces. The same concerns occur with the new COVID-19 vaccine.

The scope of the effect of these vaccine-related rumours will only become evident in the future, once the vaccine is rolled out on a larger scale in Afghanistan. The risk exists that the rumours will lead to vaccine hesitancy in some communities, which might undermine vaccination efforts, a key strategy to contain the spreading of the virus.

To counter the spread of misinformation, Internews has been producing a monthly rumour bulletin addressing the most prevalent and harmful rumours around COVID-19. The bulletins are broadly circulated amongst communities, humanitarian aid workers and media actors. In addition, Internews' partner Pajhwok addresses selected rumours through informative posts on their Facebook page that has two million followers. Furthermore, the Internews partner SAMO produced 15 radio segments answering the most risky rumours. These included rumours spread by health care workers. The radio shows reached more than 22 million radio program listeners.

HC Worker Posts by Platform in Afghanistan





WHAT ARE HEALTH WORKERS IN AFGHANISTAN SAYING?



"In Norway, 23 people were killed after the coronavirus vaccine was adapted"



1,871 Followers 10 Reactions Posted in Dari

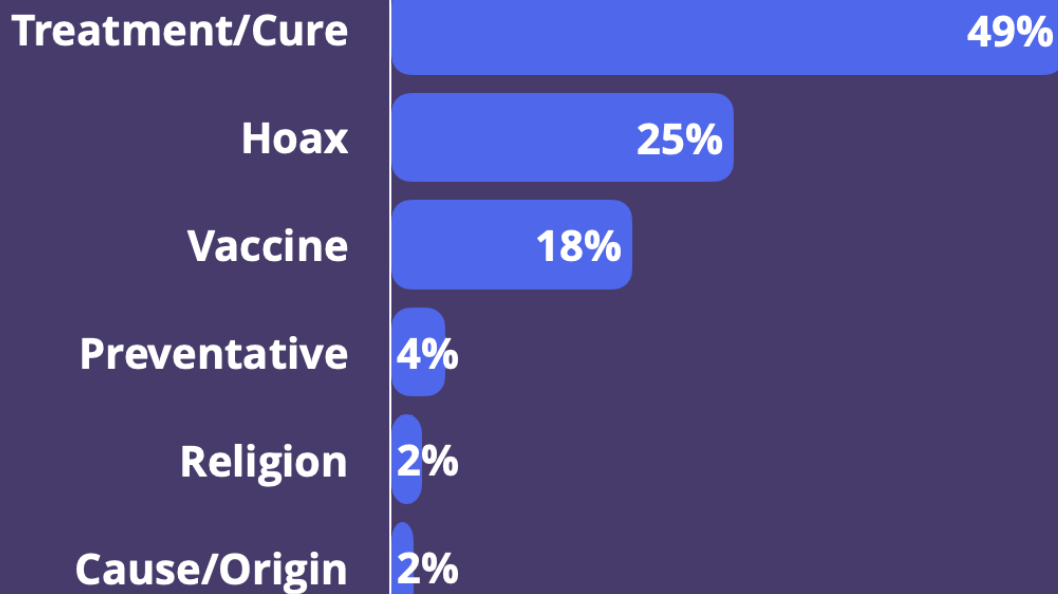


"Never get the corona vaccine, many people get the coronavirus for a second time after being vaccinated"



703 Comments 12k Reactions 100 Shares

% of Rumours by Theme Posted by Health Workers in Afghanistan (Oct '20 - Feb '21)



Internews
Local voices. Global change.

CASE STUDY #2: LEBANON

VACCINE HESITANCY AMONG HEALTH WORKERS

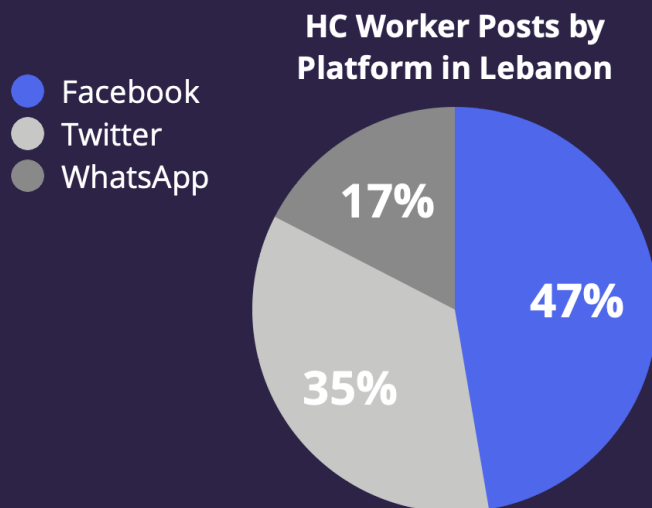
In Lebanon, rumours about COVID-19 have dominated both media and social media with many people mistrustful of the government response to the pandemic and how hospitals have managed cases. While social media users from different demographics across the country have shared COVID-19 rumours, influencers and posts by those in the healthcare system carry more weight and can influence people's decisions to get a COVID-19 vaccine. COVID-19 rumours shared in television programming also have a broad reach throughout the country especially when they are shared by health care workers and other people perceived as experts by viewers.

According to research conducted by Internews and our partner the Maharat Foundation, TV channels rank among the top sources of information on COVID-19 for people in Lebanon. Media appearances of health care workers who are advocating for the rejection of the vaccine could affect the rollout plan which was just initiated in Lebanon in February. Since October 2020 over 23 different health care workers have appeared on television in Lebanon and shared rumours and inaccurate content about COVID-19 and COVID-19 vaccines. The circulation of rumour content by healthcare workers over television has a significant impact on people's perceptions of the vaccine. According to Syrian refugees interviewed by Internews, health care workers are one of their top trusted sources for any health-related information including updates on COVID-19 and its vaccine.

According to a poll conducted by a Lebanese research firm, Information International, only 31% of Lebanese want to be vaccinated. 41% of those surveyed said that they fear possible side effects, 25% cited the conflicting media reports, 17% questioned the efficacy of the vaccines as seven percent mentioned the speed in which the vaccines have been produced.

The lack of interest in being vaccinated indicated in community perception polls show increasing uncertainty about vaccines safety that align with the rumours about vaccines that some health care workers have expressed in television appearances and social media. These fears and reservations of the vaccine are also reflected in the data Internews collected which shows that the main sentiments behind vaccine rejection are fear of side effects and efficacy. ([Poll Finds Only 31% of Lebanese Want to be Vaccinated — Naharnet](#))

Throughout the Rooted in Trust project's work since October 2020, 9% of the rumour data collected were posted by people who identified themselves as health care workers on social media - 47% from Facebook, 35% from Twitter, and 17% from WhatsApp. Several rumour post and comment authors identified themselves as health care workers in the 'About' section of their Facebook and Twitter account bios or in messages. There was significantly more engagement and resharing of rumour content posted by people identifying themselves as health care workers, compared with social media users with similar followings who did not identify themselves as such.

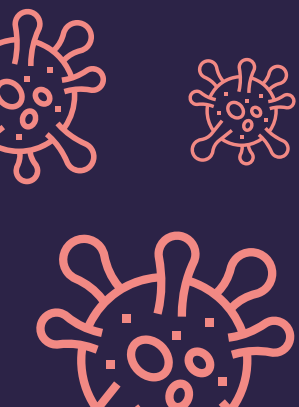


In the rumour content shared by people identifying themselves as health care workers, posts focused on the efficacy and risks of the vaccines and described fears over unknown and possibly unsafe side effects. As the graph below indicates, 17% of the rumour content identified discusses the vaccine, 11% discussing testing, and 10% discuss treatment/cure methods for COVID-19.

Other posts discussed the intention behind creating the vaccine and included several conspiracy theories about microchips. With the vaccination rollout starting in February, physicians in Lebanon have expressed their opinions on different vaccines with some advising people to wait until more side effects are known and more vaccine options are available.

A lack of mechanisms for accountability and to connect health care workers in Lebanon to discuss and agree on how to share accurate information with the public is needed to respond to an escalation in rumours ahead of vaccinations. Additional work is needed to ensure that health care workers can access guidance on the rapidly evolving science around COVID-19 and vaccine trials and a forum to share concerns without circulating content that might not be accurate.

The Internews RiT team has been collecting rumours and misinformation surrounding the pandemic in Lebanon and has highlighted several rumours shared by prominent healthcare workers to humanitarian partners such as UNICEF and WHO. These reports have also been used by professional medical bodies to explore how professional medical associations should respond when their members share misinformation.



WHAT ARE HEALTH WORKERS IN LEBANON SAYING?



"Fever has an important role in activating the immune system and in fighting the virus, so you should not take a fever reducer such as paracetamol. I advise to wait until the temperature rises to above 38.5 and then take it"



107 Reactions



22 Shares

Shared by a doctor on Twitter



"Advice from a doctor, a friend of the health minister: to all the promoters of the vaccine, enough recklessness to the minds of people and the minds of noble doctors. Any vaccine in the world would have waited 4 years to know the side effects, severity and effectiveness"

Original Language: Arabic

29 December 2020

Shared by a doctor on WhatsApp



"For people with immune problems or weak immunity, it is never recommended to take the Chinese vaccine. As for the remaining vaccines, it is ok. However, it is best to wait until we have more research"



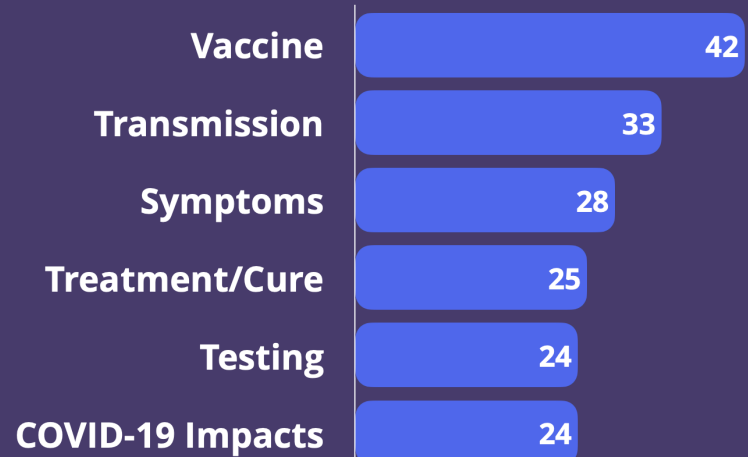
2 Comments



35 Reactions

Shared by a doctor on Facebook, 16 Feb.

Number of Rumours by Theme Posted by Healthcare Workers in Lebanon (Oct '20 to Feb '21)



CASE STUDY #3: SUDAN

HEALTH WORKERS HAVE VERY HIGH LEVELS OF ENGAGEMENT ON SOCIAL MEDIA AND INDICATE MISTRUST IN THE HEALTH SYSTEM

Contrary to our research and general trends in other RiT contexts, healthcare workers in Sudan are not a primary source of COVID-19 misinformation on social media. From October 2020 to February 2021, the Rooted in Trust team has collected a relatively small batch of COVID-19-related perception and rumour data (datapoints) posted by health care workers on social media, totaling just 66 datapoints – or a mere 3% of the total 2,210 rumours collected during this period. Of the 66 datapoints collected, approximately 36% are rumours, 44% are perceptions or observations, and the remaining 20% are valid questions and concerns.

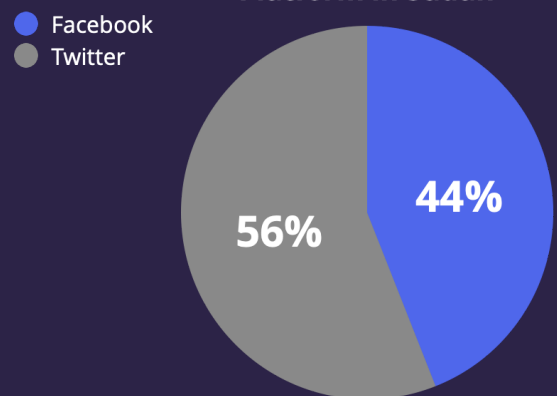
In the last two months, our teams have not seen an uptick in healthcare workers posting rumours, but continue to track it at steady rate of 18 datapoints per month across two platforms: Facebook and Twitter. Our data also suggests that healthcare workers are engaging equally between the two platforms and one is not preferred over the other. Demographic trends indicate that 45% healthcare worker posts in Sudan are done by people between the ages of 26-35, followed by 20% for the next age group between 36-45 years old.

The top 5 themes health workers are posting content about are related to Healthcare (29%), COVID-19 symptoms (21%), Government (15%), Vaccines (9%), and Treatment (8%). Despite the fact that health care workers' online activity does not indicate they are generally spreading rumours at-large on social media, in the rare instance that they do post a rumour, 25% of the time it poses a high risk to the health, well-being or safety of people and approximately 47% of time the content they are posting poses a medium risk.

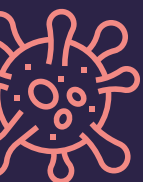
Another trend we are seeing is that when health care workers do post, online engagement is extremely high. The average level of social media engagement is: 90k followers per post, 210 reactions or likes per post, 56 comments per post, and 36 shares per post.

Summary engagement statistics for the total set of 66 healthcare worker posts are 7.4 million followers, with Symptoms (2.4 million followers), Treatment/Cure (1.2 million), and Healthcare (1.2 million) representing themes with the highest levels of social media engagement in Sudan. A breakdown of the engagement statistics by theme is included below.

Health Worker Posts by Platform in Sudan



Number of Rumours by Theme Posted by Health Workers in Sudan (Oct '20 - Feb '21)



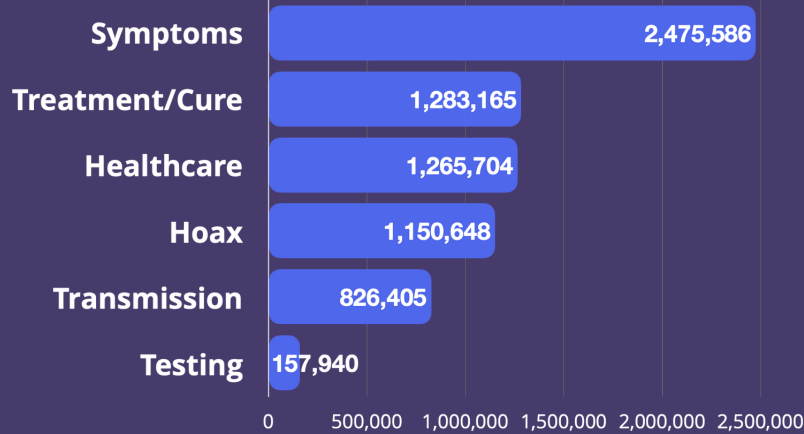
Our Sudan Information Ecosystem Assessment (IEA) indicates that doctors are seen as sources of accurate and trustworthy information, therefore misinformation shared by physicians is more likely to be viewed as truthful and carry extra weight. The IEA data results also revealed that 70 percent of respondents living in the five Sudanese states we surveyed (Khartoum, West Darfur, Kassala, Blue Nile and South Kordofan) rely on social media for their COVID-19 updates.

COVID-19 misinformation has been rampant in Sudan, and healthcare workers have contributed to the spread. Rumours posing the highest risk have come from frontline workers, isolation center staff, doctors, pharmacists and other healthcare occupations and tend to focus on two major subthemes: 1) COVID-19 case number reporting is fake, incorrect and intentionally misleading the public and 2) the healthcare system in Sudan is failing its people (healthcare workers included) and it does not have the capacity to meet the needs of patients with COVID-19 or other critical diseases.

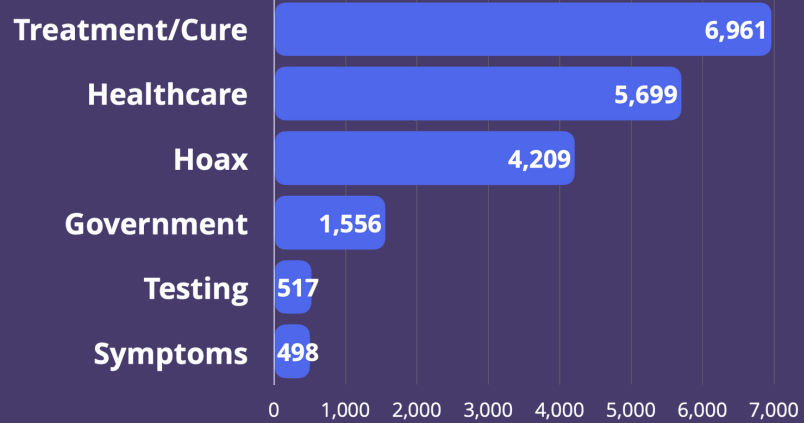
Many rumours shared by healthcare workers in Sudan have an element of truth to them. Sudan's health system has been under pressure for many years and this has severely affected the public trust in the service they provide. Within the last few months, resident doctors and specialist doctors are on an open-ended strike, calling on health authorities to meet their demands, such as improving their salaries and work conditions. Also, in recent years, there has been a noticeable increase in both verbal and physical violence towards healthcare workers, notably from patients' families - so the protection and resourcing of medical personnel in an ongoing concern.

Complicating the lack of confidence in the healthcare system even further, healthcare workers have also expressed concern over contracting a COVID-19 infection while at work. Many hospitals and other healthcare facilities continue to function without providing adequate personal protective equipment (PPE) to their staff.

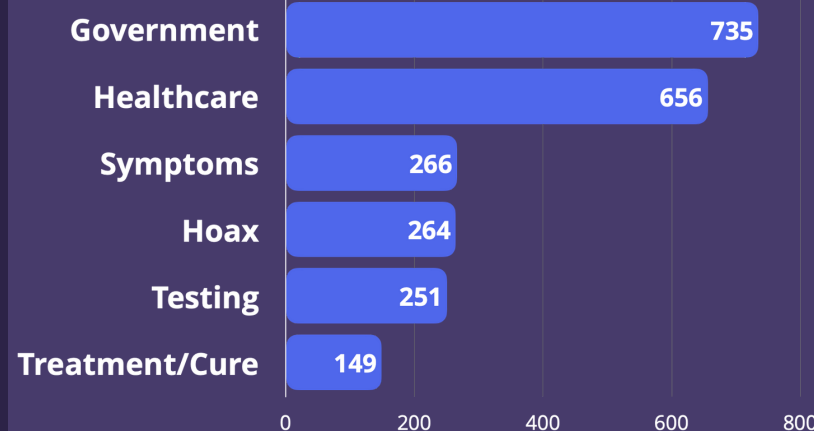
Number of FOLLOWERS of health workers posts' by theme in Sudan



Number of REACTIONS...



Number of SHARES...



Broadly, the rumours, testimonies and perceptions shared by healthcare workers, exemplify a shared sense of understanding and empathy not only with those they treat in hospitals, but also of a general view that access to healthcare during the pandemic is increasingly limited in Sudan.



Questioning COVID-19 statistics and the accuracy of PCR-testing has been consistently trending in Sudan as of October 2020, when Internews began its rumour-tracking activities in the country. Lab technicians question the official COVID-19 reports on social media and in some cases, have complained that PCR-test results at the lab are not included in official COVID-19 reports. This continuous stream of social media rumours inspires further doubts in COVID-19 statistics and discredits reporting and planning efforts by the Ministry of Public Health.

Unfortunately, these sticky rumours have sown an array of fears around a lack of bed capacity, ventilators, doctors dying in hospitals, quality of care, and denial of care to receive new patients. In turn, we have found people are avoiding seeking medical treatment in hospitals or clinics and turning to at-home remedies using acacia and other herbs. These rumours align with broader community perceptions however, when noted by a healthcare worker, it carries a certain gravity, tone and demands attention.

Our data confirms this. In fact, in Sudan, we have seen a larger spike in the level of social media engagement with healthcare professionals relative to the other three content creator types we track. These content creator types include: a) people who claim to have contracted COVID-19 and posted stories about their own experience, b) politicians, and c) social media influencers.

Our data analysis indicates that the average number of followers healthcare workers are generating (90k followers) is the second-highest among the group, four times higher than politicians (23k followers per post) and twice as high as social media influencers (44k followers), but about half as many as people who have contracted COVID-19 (178k followers).

The average number of reactions healthcare workers are generating (210 reactions per post) compared to other content creator types are much higher as well, 11 times higher than politicians (average of 19 reactions per post) and two times higher than influencers (89 reactions), but roughly three times less than people who have contracted the virus (666 reactions).

To help address these healthcare worker rumour trends, Andariya, Internews' partner, hosted a Facebook Live event with Dr. Mohamed Qurashi who is a well known doctor and reliable source on COVID-19 health information. He regularly debunks the latest COVID-19 rumours and responds to some prevalent misconceptions about the virus on social media.

Internews also uses its voice in the Scientific Committee at the Ministry of Health to verify the latest COVID-19 rumours, and bring attention to high-risk misinformation that requires a concerted response, such as responding to vaccine hesitancy. The committee includes civil society organizations, academic institutes, health officials, and physicians from the Sudanese diaspora. Earlier in February, Dr Omar Alfatih, a UK-based Sudanese immunologist, spoke to local journalists about the COVID-19 vaccines and helped clarify common misconceptions about the vaccines.

WHAT ARE HEALTH WORKERS IN SUDAN SAYING?



"This is a fake report, I work in the quarantine unit, and I follow the reports every hour, the data is incorrect, including the number of deaths"



1 mn Followers



4k Reactions

Shared by a
Isolation
Center Worker
via Facebook,
27 Jan 2021



"The more strains there are, the virus weakens more and more so people should not be scared for no reason"



256 Followers

Shared by a Pharmacist
via Twitter, 8 Feb 2021



"More than 7 deaths among doctors since the beginning of the week in Corona...Hospitals do not have a bed to receive any new cases...and the authorities allow festivals and parties to take place in the center of the capital...where is the Minister of Health and where is the Emergency Health Committee?"



7k Followers

Shared by a Cardiologist via
Twitter, 11 Nov 2020

RECOMMENDATIONS



Make information accessible - Set up channels to make information regarding the vaccine and the vaccination process accessible for health workers. This includes ensuring there are adequate channels for health workers to ask questions, share rumours and misinformation they are hearing in their community and to encourage their role as trusted information providers in their communities. Ask health workers what information they need to support the vaccination campaign and provide space for open discussions so that you can understand the beliefs that might be behind the rumours. This could be a simple moderated Facebook or WhatsApp group promoting two-way communication about the vaccine between health workers and risk communicators and Ministries of Health.



Train healthcare workers in a comprehensive approach to health communication - Health professionals may have a traditional understanding of health communication which starts and ends in the consultation room. Public health officers and frontline healthcare workers may benefit from capacity building activities aimed at explaining how the information ecosystem affects health decision-making and compliance with medical advice. This may also create awareness on the role they can have in social media and other traditional mass media channels.



Engage with misinformation - Most misinformation being spread by health workers is not done intentionally. If you see health workers sharing misinformation online, engage them in respectful discussion and help point them towards relevant resources in preferred languages. You may wish to have the discussion in a private space (direct messaging for example) to avoid causing embarrassment to the person. Hold dialogues and discussions with them to understand the sources, motives and triggers behind their online interactions.



Share easy-to-use resources for their community - Connect health workers with shareable content like animations, videos and social cards that they can use among their networks. The information you provide directly to health workers may be more complex than the content that will resonate with their community. This may also include content they can use to address common misconceptions about the virus, its treatment and the vaccine.



Build a media network - Local journalists are often looking for people to interview about COVID-19 and the vaccination process, but Ministries of Health and public health partners often do not have the capacity to meet the demand. Additionally, while they might have the most trustworthy information they may not be trusted by the community. Consider building small networks of health workers who you can provide media training and regular information to help them to respond to media requests. Supporting the capacity of a trusted information provider like a health worker ensures the media get the information they need (reducing the chances of misinformation) and that the information provided is culturally and contextually appropriate.



Open closed doors - One driver of misinformation in a public health crisis is the impression that seriously ill patients are treated in hospitals, away from public view. In this pandemic, this has fuelled rumours in some contexts that hospitals and health centers are causing COVID-19 deaths (rather than the severity of the disease or minimal treatment options). Health workers can help to address some of this community anxiety by showing the public what happens when you are vaccinated or creating safe spaces for visitation. Health workers may choose to make themselves available to local media to be interviewed or photographed while they are receiving the vaccine or to take local media on a tour of the site that will be used for vaccinations.



Trust should not be assumed - While Internews research found that health workers were often one of the most trusted sources of information where we are working, it cannot be assumed that this is the case in every context. For example, a history of a poorly supported health system, physical or economic accessibility issues may all contribute to health workers not being trusted by their community. Understanding this complex trust relationship is crucial to being able to assess the impact of rumours and misinformation spread by this group. Health workers are also not a homogenous group. Our research found that in many locations, proximity contributed to levels of trust. For example, community health workers were often seen as more trustworthy than doctors in hospitals or those working for national bodies.

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